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REPORT OF THE

First Annual Conference of Committees

of the

World Conference on Narcotic Education and International Narcotic Education Association

*3780A.81
1st.

Hotel Roosevelt, New York City

November 3-6, 1927

7235

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Washington, D. C., December 15, 1927.

Captain Richmond P. Hobson, Chairman,
Governing Board, Conference of Committees,
4315½ West Second Street,
Los Angeles, Calif.

My Dear Captain Hobson:

I have the honor to transmit herewith the report of the Proceedings of the First Annual Conference of Committees of the World Conference on Narcotic Education and the International Narcotic Education Association, held in New York City at the Hotel Roosevelt, November 3, 4, 5 and 6, 1927.

Respectfully submitted,

CLARENCE J. OWENS, JR.,
Secretary, Conference of Committees.

Call for the First Annual Conference of Committees

OF

WORLD CONFERENCE ON NARCOTIC EDUCATION

AND

INTERNATIONAL NARCOTIC EDUCATION ASSOCIATION

In pursuance of the unanimous decision of the Chairmen of all four general Committees at their conference in New York City, on March 24, 1926; approved unanimously with budget provision, by the Board of Directors of the International Narcotic Education Association, at their meeting in Los Angeles, May 5, 1927—the members of the General Committees, standing Committees and sub-Committees are hereby called to meet for Conference in New York City, November 3-6 inclusive, at the Roosevelt Hotel—Headquarters Room 311. All affiliated, cooperating and interested persons, organizations and associations are invited to send representatives.

This being the first Annual Conference of Committees it has been decided that the chosen motif of the Conference should be placed in the hands of General Committee No. 1. This Committee has chosen Narcotic Defense as the general theme.

At the first meeting Thursday evening, November 3, following preliminaries, this Committee will submit for discussion a plan to create an International Narcotic Defense Association.

At the second meeting Friday morning, the standing Committee on Law and Philosophy—Chairman, Honorable Frederick H. Allen, will submit for discussion a Draft of the Uniform State Narcotic Defense Act. Advance copies of this draft are being sent to members of Committees, and their members are requested to focus attention on these two defense propositions with the view of completing before adjournment of the Conference—perfected plans for the International Defense Association and the final Draft of the Uniform State Defense Act.

In the preparation of this draft, it should be remembered that Uniform State or Provincial Laws should be correlated with uniform City ordinances, Uniform National and Imperial Laws and International Treaties and Covenants; which are to be foci of future Conferences.

In view of the vital and urgent nature of the business and its bearing upon the safety and well-being of mankind, all members are urged to attend the Conference and should bring members and representatives of organizations in their communities, to the end that the Conference may realize the benefits described in the proverb, "In the Multitude of Counsel, There is Wisdom."

RICHMOND P. HOBSON,

President, International Narcotic Education Association; Secretary General—World Conference on Narcotic Education.

Minutes of the First Annual Conference of Committees of the World Conference on Narcotic Education and the International Narcotic Education Association, held in New York City, November 3-6, 1927

FIRST SESSION—THURSDAY, NOVEMBER 3

The First Annual Conference of Committees of the World Conference on Narcotic Education and the International Narcotic Education Association convened in New York City, November 3, at 7:30 p. m.

Captain Richmond P. Hobson, President of the International Narcotic Education Association and Secretary General of the World Conference on Narcotic Education, presided.

Invocation was offered by Bishop J. H. DARLINGTON.

The Chair appointed CLARENCE J. OWENS, JR., assistant to the Secretary General of the World Conference on Narcotic Education, as permanent Secretary of the Conference of Committees.

Address of Welcome was made by DR. JOHN M. O'CONNOR, who represented Mayor WALKER.

Mr. Chairman, Ladies and Gentlemen: I have pleasure in extending to you, in the name of his honor, the Mayor, a very warm welcome to the city of New York. I congratulate you upon the splendid work this organization has already accomplished, and the very comprehensive plans you have for future development.

Response to the Address of Welcome, by DR. CLARENCE J. OWENS.

It is an honor to respond on behalf of the four hundred members of the Committees of the World Conference on Narcotic Education, to the gracious words of welcome spoken by Dr. John M. O'Connor, on behalf of the City of New York.

The four major Committees with many sub-committees have gathered here to consider a constructive, statesmanlike program, as to narcotic hospitalization and the adoption of a Uniform State Law.

No meeting being held in New York tonight will mark so great an epoch in the interest of mankind. In this introductory session, we would pay our tribute of appreciation to the far-seeing wisdom and consecrated leadership of Captain Richmond Pearson Hobson, President of the International Narcotic Education Association and Secretary General of the World Conference on Narcotic Education. He is rendering a service that is directing the minds of the people of the world through the agency of Education, to the peril of narcotic addiction, and is inspiring a fealty to the organized movement that has for its purpose the alleviation of suffering and the promotion of a finer civilization.

Under the World Conference on Narcotic Education two annual observances have been initiated in the celebration of Narcotic Education Week, each year, the last week in February, in all lands and with the aid of all agencies, to teach the vital lessons, and also the Annual Conference of Committees for the purpose of adopting plans of action for the future. This conference has the opportunity to pioneer, in the establishment of the first institution for the salvaging of narcotic addicts, and the

adoption of a uniform law to be submitted to the States of the United States and to similar governmental units in all countries of the world.

In responding for the Committees here assembled, we pledge ourselves to carry forward this great crusade to the ends of the earth and to the full realization of its sacred objectives.

President HOBSON: A telegram has just come from Mr. H. S. Middlemiss, the Editor of our Report of the Philadelphia Conference, who presents a copy of Narcotic Education to each registered delegate. We will express to Mr. Middlemiss the gratitude of each member.

Resolution introduced by Bishop J. H. DARLINGTON: *Resolved,* That a slogan is needed for this organization—an emblem, something tangible. I suggest that we might use a picture of the Vampire Bat, hovering over a sleeping child, drawing the blood from the jugular vein. Another suggestion is that of a great serpent, coiled, about to strike two children, a girl and a boy—and label that picture—"Kill that Snake." The idea of Hell was gained from looking down the mouth of a great serpent, and opium is like such a serpent. I believe we could draft the artists of the nation and that the press would cooperate in giving a suitable emblem to warn children against this insidious temptation. *Resolution unanimously adopted.*

The Chair, with the consent of the conference, appointed Bishop Darlington as Chairman of a Committee to seek the cooperation of artists and the press, in bringing forth such an emblem.

Resolution introduced by President HOBSON: *Resolved,* That the Chairmen of the four general Committees and the Chairman of standing Committee on Law and Philosophy be constituted the Board of Governors of the Conference of Committees with full legislative, executive and judicial powers, to transact business of the Conference between the meetings of the Conference, and with authority to determine agenda, rules of procedure, and other business during the Conferences, subject to approval by the Conference. *Resolution unanimously adopted.*

Resolution introduced by President HOBSON: *Resolved,* That the Governing Board of the Conference be authorized and requested to provide for the incorporation under the laws of the State of New York of an Association, non-profit, wholly eleemosynary, to be known as the World Narcotic Defense Association with full powers to utilize all honorable means to attain the following object, namely: the mobilization and direction of the resources and vitality of society everywhere against narcotic drug addiction to acquire and maintain immunity from this universal racial menace. *Resolution unanimously adopted.*

Resolved further, That the World Narcotic Defense Association should have authority to raise, establish and administer the Narcotic Drug Defense Foundation and other funds for developing existing agencies and creating and developing new agencies of narcotic defense including processes of education, processes of law, processes of reclamation and such other agencies and processes as the Association may deem necessary or expedient to combat the ravages of Narcotic Drug Addiction in America and throughout the world. *Resolution unanimously adopted.*

Address by Captain RICHMOND P. HOBSON:

Members of Committees, Delegates and Distinguished Guests, Ladies and Gentlemen: The International Narcotic Education Association and

the World Conference on Narcotic Education welcome you to this First Annual Conference of Committees, knowing that the contacts, deliberations and decisions of the Conference will materially advance the cause of humanity in its struggle against narcotic drug addiction, and will promote the welfare and safety of mankind.

The Shanghai Conference of 1909, the Hague Conference of 1912 and 1913, and the various meetings of the Opium Commission of the League of Nations have considered only the question of processes of Law, and always under a highly restricted Agenda. Likewise, the Philadelphia Conference of 1926 considered only questions of Narcotic Education. This Conference now opening proposes to take up for the first time in history, the whole question of Society's defense against this growing menace, through processes of education, processes of law, processes of salvage and through any other processes that may be devised.

The general observance of Narcotic Education Week the last week in February last, and the influence of public opinion generated thereby, caused a widespread interest within state legislatures then in session; ending in some cases in legislation, and other cases in inquiries and requests for assistance in the drafting of bills, indicating the need of uniform state laws.

The Chairmen of General Committees, acting as an Agenda Committee decided that this opening meeting should be devoted to the consideration of the general question of Narcotic Drug Defense, and to the drafting of a Uniform State Law under the direction of General Committee No. 1, and its standing Committee D on Law and Philosophy, respectively. The Agenda Committee therefore decided that the second meeting, Friday morning, should be under the direction of General Committee No. 1, the third meeting Friday afternoon, under the direction of Committee No. 2; the fourth meeting, Saturday morning, under the direction of General Committee No. 3; the fifth meeting, Saturday afternoon, under the direction of General Committee No. 4; and that at each meeting, as soon as the business of the committee in charge is transacted, it shall be in order to resume consideration of the general question of Narcotic Drug Defense, and the special question of the drafting of a Uniform State Law. It is the hope of the Committee that the Conference may bring forth a concrete plan for Narcotic Defense and the drafting of an adequately balanced State Law, ready for submission to the legislatures of the several States when they next assemble.

The problem of Narcotic Drug Addiction has become a pressing universal major problem challenging the best statesmanship and diplomacy the world can offer. The Orient has long been menaced by the spread of opium addiction; the Occident is now menaced by the swift spreading, as in an infection of heroin addiction.

The universal desire for profits inspires the exploitation of society by distributing habit-forming narcotic drugs and other harmful commodities, this desire springs from the basic motive of self-preservation, the first law of nature. These profits in the case of powerful narcotic drugs especially heroin, are enormous. It is not surprising that the amount of narcotic drugs is probably thirty times the amount required for legitimate purposes.

Human slavery as a source of profit dates back to remote ages and

continued far into the Christian era, almost to the present time even amongst advanced peoples. The bondage of narcotic drugs is a modified form of the exploitation of slavery. While this form of exploitation of human beings through bondage is of less than two centuries growth, it has reached proportions both in the number of bondmen and in the profits of the traffic, far greater than those of the slave traffic at its maximum. The source of supply of the new drug "Heroin" the most menacing narcotic drug yet produced has heretofore been opium and morphine; but the profits in this exploitation are so great because of the power of enslaving the youthful victims, the new banditry made possible, the recruiting activities of its victims, through a veritable mania, that we may expect synthetic Chemists to develop new sources of supply, in all probability starting from coal tar products. Furthermore, in course of time for the same reasons we may expect as synthetic Chemistry progresses the bringing forth of new narcotic drugs even more powerful and deadly than heroin.

In examining the American situation, while morphine addiction through medical practice has declined in recent years, heroin addiction through illicit traffic has increased to a point that should arouse the solicitude of our Government and of all thoughtful citizens. The exploitation of heroin in America is perhaps not more than ten years old, yet its influence upon the offenses against the Federal Narcotic laws is alarming. These offenses when morphine addiction was the main problem, ran along about 1,000 per year in 1916, 1917 and 1918, but in 1919, offenses went up to more than 2,000; in 1921, they passed 4,000; in 1925 and 1926, they reached the vast figure of more than 10,000. The attorney General reported that 31 percent of all convictions in Federal Courts are narcotic cases.

In recent official statements, the Commissioner of Correction of New York City reported that in cases of moral turpitude more than half of all the prisoners in the prisons of that city, are narcotic cases, while 95 percent of these, are youthful heroin addicts. The Chief of the Bureau of Criminal Identification of New York City reported to the Philadelphia World Conference on Narcotic Education that the great majority of daylight robberies, daring holdups, cruel murders, etc., are being committed by these youthful heroin and cocaine addicts. The report of the Commissioner of Health of Chicago substantiates this relation between the wave of crime and banditry, and heroin and cocaine addiction. The so-called crime wave throughout America may be looked upon as a symptom of the spreading of heroin addiction throughout the nation.

With this serious menace challenging the nation, it is well to take account of the defense forces—the salvage of addicts, the suppression by law, and prevention through Narcotic Education. Salvage of narcotic drug addicts is in a chaotic condition. Only in the State of California has State provision been made for systematic isolation and rehabilitation of narcotic drug addicts and this has only been authorized by the recent legislature following NARCOTIC EDUCATION WEEK, and more or less intensive Narcotic Education during the last few years. In the other States, with few exceptions, hospitalization is in its infancy, relying chiefly upon treatment in jails, prisons, insane asylums and general hospitals, addicts mingling in with other patients and prisoners.

The Federal Government has done very little in the line of hospitalization, the federal laws having been enacted chiefly with a view to drug control. It is to be hoped that in all the States of the Union and even independently in large cities, the work of hospitalization may be rapidly developed, particularly as by this means, the addicts while "on the drug" are in isolation and prevented from recruiting others and thus spreading the infection. In view of the small percentage of permanent cures even by the best methods of treatment, the isolation service in hospitalization must be regarded as its principal benefit.

Most of the States of the Union have laws dealing with narcotic drugs. These are also chaotic in the extreme, in some cases being part of poison acts, and in others part of the activities of the State Board of Pharmacy, in most cases being regulatory chiefly for the practice of medicine, dentistry and veterinarian surgery, with the enforcement assigned to various State agencies even in some cases to the Agricultural Commission.

The International Narcotic Education Association for a number of years has been conducting narcotic activities throughout the country, and especially through teachers in schools to whom it has sent copies of the Congressional Document "Narcotic Peril" delivered to the teachers through the various superintendents of education. Committees are now working in harmony with publishers of text-books. In preparation for future text-books, of chapters and parts of chapters dealing with narcotic education. The World Conference on Narcotic Education has engaged the cooperation of agencies of individuals and organizations everywhere, and puts on Narcotic Education Week the last week in February. The observance last February was most gratifying, and the observance next February and the Februarys thereafter promises to develop rapidly.

It is fortunate that the work of Narcotic Education is the first branch of the defense to be developed; close upon its heels however, must come the organization of processes of law and processes of salvage.

The work thus mapped out for this first annual conference of Committees is eminently timely and very necessarily designed to bring forth important developments for the rapid building up of Society's defense forces, advancing thus the safety of mankind and the welfare of the world.

Resolution introduced by Hon. Robert L. Owen: *Resolved,* That the Conference shall draft a Uniform State Law for Narcotic Drug Defense to be submitted by the Governing Board to the Governors of the several States and Territories to be transmitted to their respective legislatures.

Above resolution was discussed by Mrs. Ella A. Boole, Bishop J. H. Darlington, Dr. A. S. Craig, Captain Richmond P. Hobson, Gerhard Kuhne, Dr. John M. O'Connor, Mrs. A. S. Nedurian, L. P. Clifton, Dr. James T. Madden and Major S. W. Brewster. *Resolution unanimously adopted.*

Remarks by Hon. Robert L. Owen.

Mr. Chairman, Ladies and Gentlemen: I congratulate the members of this Conference on the work already done and so well planned for the protection of mankind against the serious evils of Drug Addiction. Such an organization can point the way for protecting boys and girls and the weaker members of Society from this distressing dangerous habit.

A few thoughtful leaders, such as those assembled, can point the way and be of vast service through marshalling public opinion and the forces of philanthropy to fight this deadly menace to the youth of the world.

Major Brewster brought the following message from Signor M. Cavazzoni, Italian delegate to the League of Nations:

"Italy grows neither opium nor coca leaves, nor does she manufacture drugs, yet she has been flooded with narcotic drugs like other countries of the world. Narcotic drug addiction in Italy is increasing, but Premier Mussolini and the Italian Government are determined to stop it. Italy is in this fight to the finish.

"In the League of Nations and the Opium Committee, every means possible will be employed by the Italian Delegate to force the nations where narcotic drugs are manufactured, to reduce the quantity manufactured to the legitimate requirments of medical and scientific need, and the countries producing the raw material, to do likewise.

"The first problem, however, is to compel the countries in which the drugs are manufactured and which countries have already agreed, at the Hague Convention, to limit manufacture, to live up to their agreement. The curtailment of the raw product must necessarily follow in due course.

"It is only through the force of public opinion that governmental authorities will be compelled to act, and it is only through educational measures that public opinion can be formed and its pressure properly directed.

"I admire and approve the attitude of the United States in demanding that this great question be settled and I hope that the World Conference on Narcotic Education will extend its work of educating the people on the subject of narcotics and illicit drug traffic to all the countries of Europe at the earliest possible moment and that co-operating anti-narcotic associations be organized through your organization, so that we will have awakened public opinion to aid us in this fight."

Address by MAJOR SIDNEY W. BREWSTER.

Mr. Chairman and Members of the World Conference on Narcotic Education: The two most significant developments in the fight against the illicit traffic and use of narcotic drugs, in the Opium Committee, League of Nations, at Geneva, are first, the large, although incomplete, list of seizures of narcotic drugs reported by various governments to the League of Nations, and second, the entry of Italy, through the influence of Premier Mussolini, and the Italian delegate, Signor M. Cavazzoni, into the fight against the opium and narcotic ring.

At this time I will not attempt to analyze in detail the list of seizures reported to the League of Nations, since August, 1925. The amount of these seizures was so large that it startled even the members of the Opium Committee, who have been studying this question for years. It proved that without doubt the traffic in illicit drugs is one of tremendous magnitude, especially when it is considered that probably not over one-tenth of this traffic resulted in seizure. One-tenth is the amount approximated by the committee as the amount seized.

The reported seizures show large quantities of cocaine being smuggled into India, while morphine, cocaine and heroin were smuggled into

China and other Oriental countries. Much raw and prepared opium was seized, but the reports show an alarming increase in the illicit traffic of derivatives—morphine, cocaine and heroin.

In September, 1926, a resolution was passed by the Assembly of the League of Nations, recommending to all League Committees the advisability of cutting down their proceedings to the smallest possible space, for reasons of economy, and suggesting that no printed minutes be issued, but that the business of the Committee be reduced to a report which could be published at minimum expense. The Opium Committee compromised, and agreed that for economy they would omit all that was "unessential and not indispensable," in other words much very important information would never reach the public.

At this time, Italy, through Signor Cavazzoni, demanded a place on the Opium Advisory Committee. He called attention to the fact that hitherto that Committee had consisted exclusively of representatives of the countries engaged in the production of narcotics. Italy cultivated neither the poppy nor the coca leaf at home nor in any of her colonies, and manufactured none of the derivatives, and was finding herself one of the victim countries, and Premier Mussolini and the Italian Government decided that the addition of the Italian Delegate to the Advisory Council on Opium would do much to solve the vexatious problem. The shrewd and capable hand of Premier Mussolini will be seen in this demand.

The Italian Government does not intend that narcotic drug addiction shall spread in her Army, Navy or Merchant Marine, nor will she permit Italian ships to be used for the transportation of contraband if there is any possible way to stop it. Signor Cavazzoni demands that all facts concerning the illicit traffic in drugs be brought from darkness into the light, and in speaking of the problem—says: "If you cannot cure the addict permanently, if you cannot stop the drug peddler, you must stop over-manufacture, through the governments controlling the amount manufactured." At the present time, the forty or more factories manufacturing derivatives of opium and cocaine, are manufacturing from 100 to 1,000 times more than the actual medical and scientific needs.

International traffic in narcotics has, like every other modern form of industry, advanced with the times, and is no longer the crude thing of ten years ago. Scientifically developed, illicit traffic is backed by immense funds, capable lawyers, and able chemists each in his own special sphere, devising ways and means to pass through the all too loosely woven meshes of existing international and national measures of control. The trafficker works incessantly, while those who are trying to put him out of business, work by fits and starts, with sometimes years between their activities.

Signor Cavazzoni's plan, briefly, is to deprive the drug trafficker of his source of supply, but this cannot be done until public opinion forces certain governments, in countries which have an interest in the drug traffic, and who agreed to limit manufacture at the Hague Conference, to act.

I will quote from the book "Opium" by John Palmer Gavitt, page 249: "The time is ripe for the creation of a voluntary, permanent international organization, outside and independent of official machinery to

create, clarify and focus world public opinion and unified leadership; to gather, interpret and publish facts, to cooperate with, and at the same time to spur the public authorities of all kinds, vested with the responsibility, in any and every phase of this subject, to help the governments to get together, to keep together, and to move forward."

The anti-narcotic question being international in its scope, and it being necessary for the World Conference on Narcotic Education in view of the Conference in London in 1931, to organize cooperating associations in various countries of Europe, so that proper educational campaigns can be made to influence public opinion, I recommend to the World Conference on Narcotic Education, the establishment of an office in Geneva, Switzerland, at the earliest time possible. It would be the duties of this office to collect and analyze all information received at Geneva; to analyze and interpret reports; to secure publicity in the press and otherwise; to make reports to the World Conference, and lastly, to organize in each country of Europe, anti-narcotic associations composed of representative people, to influence public opinion and cooperate with the World Conference on Narcotic Education.

In a later number of our Narcotic Education Bulletin, I will analyze the report of seizures of narcotic drugs by the various governments and will also make a report upon the extent of drug addiction in the countries of Europe, which is rapidly becoming a very serious problem there.

Resolution introduced by MAJOR S. W. BREWSTER: *Resolved,* That the World Conference on Narcotic Education and the International Narcotic Education Association establish a European office in Geneva, Switzerland, at the earliest time possible, to stimulate, organize, direct and correlate narcotic education in the countries of Europe. *Resolution unanimously adopted.*

Remarks by MRS. ELLA A. BOOLE.

Mr. Chairman, Ladies and Gentlemen: Few organizations in this country today, contain so many working forces as does our organization—the Women's Christian Temperance Union. We have a membership of over 600,000 in this country, and they are all workers. We are also organized in fifty foreign nations, and we are especially interested in lines of education—and lines of prevention.

I first became interested in the work against narcotics, to protect women against drugs. Our women of India are greatly interested in fighting the opium habit. I bring to you a message of good will from our members of America, and a pledge of our fullest cooperation at all times.

Address by DR. AMOS OSBORNE SQUIRE.

Mr. Chairman, Ladies and Gentlemen: While it is probably impossible to estimate accurately the number of drug addicts in the United States, the special committee appointed by the Secretary of the Treasury, in their report dated April 15, 1919, having considered the secrecy connected with the unlawful sale and use of these drugs, and the other difficulties connected with obtaining information which would give the exact number of addicts in the United States, stated that it is their opinion that the total number of addicts in this country probably exceeds 1,000,000. This was in the year 1919. They further stated that the range of age of addicts was reported as twelve to seventy-five years. The large majority of ad-

dicts of all ages used morphine or opium or its preparations. Most of the heroin addicts are comparatively young, a large portion of them boys and girls under the age of twenty. This is also true of cocaine addiction.

As to the number of addicts today it is a matter of guess work as years of experience at Sing Sing Prison where we receive 70 percent of all felons convicted and sent to State Prison in New York State I find it very difficult to detect an addict as long as he is getting a sustaining quantity of the drug, it is only when the drug is withdrawn or he gets too much it is easy to detect and his body shows scars due to the hypodermic needle. In making a survey outside of a prison where the person is keeping his habit a secret and no way of examining his body you can understand how difficult it is to make a guess as to the number of addicts in our midst. I am, however, satisfied that the number of addicts has increased greatly since 1919, as I will show later in the figures of Sing Sing Prison. Some observers claim that the number of addicts is greatly overestimated, that there are not more than say 110,000 in the United States today, that it is on the decrease because of the less available supply of the drug, the attention given to the problem by physicians and restrictive laws and their enforcement, the Food and Drug Act of 1916, requiring manufacturers to state on the label the amount of cocaine, opium and opium alkaloids or derivatives contained in their preparations, the doing away of numerous opium cures that contained opium or some derivative as the chief ingredient. The drug used also has changed in recent years. Before the enactment of restrictive laws in this country there was considerable opium smoking and addiction to gum opium and laudanum but today these addicts have changed to more convenient and more readily available forms and use the alkaloids or their derivatives almost exclusively. Opium smoking is now rare in the United States and former smokers are now taking opium or heroin or its alkaloid. I am not satisfied that drug addiction has decreased during the past few years. I believe to the contrary that it has increased enormously; the fact that the Government records show less narcotic drug manufacture or importation does not mean anything when 99 percent of drug addicts that come under my observation state that what they have always used was smuggled into the country. Of course no one has a record of this. I was invited to testify before the Committee on Foreign Affairs of the House of Representatives on February 15, 1923 and again before the Committee of Ways and Means of the House of Representatives on April 3, 1924. It was brought out at that investigation the annual production of opium was approximately 2,000 tons, of which approximately 100 tons according to the best available information is sufficient for the world's medicinal and scientific needs and the growth of coca leaves is likewise greatly in excess of what is required for the same needs. Most of the opium obtained from the poppies is cultivated in India, Persia and Turkey, whereas the coca leaves come from Peru, Bolivia and the Netherlands. The resolutions before the 67th Congress were to the effect the only way to decrease the use of narcotic drugs was to ask the drug producing country to limit the growth of the poppy to the quantity required for strictly medicinal and scinetific needs, thus eradicating the source or root of the present conditions which are solely due to production increasing several times greater than is necessary for such purposes. This resolution was passed by both branches of Congress and signed by President Harding.

I believe that most of the criminals that are addicts use heroin. This is true with those that come to Sing Sing, 84 percent using heroin. Heroin is used because it inflates the personality and increases their ability to do things, their willingness, recklessness and daring and it obliterates all regret or sense of responsibility. With the inflation there is very little after reaction, cocaine produces an acute insanity, heroin does not. Moreover if they try to inflate themselves under alcohol they would readily take too much and become defenseless. The heroin does not leave them in a defenseless condition. It is a drug that has great attraction for criminals. Heroin is three times stronger than morphine.

It is interesting to note the consumption of opium in the United States and foreign countries:

Consumption per capita, grains

Austria	½
Italy	1
Germany	2
Portugal	2½
France	3
Holland	3½
United States	36

As the average dose of opium is one grain the amount consumed in the United States per annum is sufficient to provide 36 doses for every man, woman and child. When it is considered that the greater portion of our citizens do not take a single dose of opium year after year, it is manifest that this enormous per capita consumption is the result of its use for the satisfaction of addiction.

Prior to 1919 for an average of six years our drug addicts would only equal 13 a year.

Eighty-four percent use heroin, 69 percent commit crime against property, that is, steal for the purpose of getting money to satisfy their craving for the drug, and of this number I believe but a very small percentage would be in prison if they were not addicts. 39 percent commit crime against the person, in some of these cases they hold up persons and rob them in order to secure money. The drug addict tells me that it costs from 4 to 8 dollars per day as they buy the drug from the peddler. The drug being adulterated with sugar of milk they have to buy a larger quantity to get the same result as obtained by pure heroin. 98 percent of our addicts have been previously convicted of crime. This shows the hopelessness of the addict, as the drug produces such a physical and mental deterioration that it seems permanent in so many cases. The average age of our addict has been 22 years 4 months, where the average age of the 1,500 prisoners is 24 years 4 months.

The question of the heroin habit and its production yearly of enormous numbers of new criminals is one of the most important moral questions that is before the American Government at the present time. We find that in some States—I will only mention one, and that is the great State of New York—there is used for criminal purposes, that is, the production of the habit—over 76,000 ounces of heroin each year, whereas the 14,000 physicians in the great State of New York only prescribe 58 ounces of heroin either in its own form or in preparation. You can draw your conclusions from this one instance. Heroin contains, physiologically, the

double action of cocaine and morphine. It produces the excitation of cocaine, with the sedative effects of morphia. It is more agreeable to take, it is not followed by nausea as is so often caused by morphia, nor the marked depression afterward. Soon after starting the habit it dethrones their moral responsibility. It gives them an exalted impression of their own importance. When heroin was first introduced it was supposed to be an unusually valuable drug to allay cough—it is very valuable in that work—and in this administration many of us have observed that our patients demanded more of the drug. They were forming the habit. Finding this out I have not used it in the Prison Hospital or private practice in ten years. To show the attitude of the medical profession in reference to heroin I want to state that at the New Orleans meeting in 1920, the American Medical Association, representing nearly 100,000 physicians in the United States passed a resolution as follows: "That heroin be eliminated from all medicinal preparations and that it should not be administered, prescribed nor dispensed and that the importation, manufacture and sale of heroin should be prohibited in the United States." Also the three services of the Government, the Army, the Navy and the Public Health Service, have discontinued the use of heroin, the Public Health Service in 1916, the Army on December 23, 1923, and the Navy in February, 1924. At the 68th Congress at Washington, Congressman Porter introduced a bill prohibiting the importation of opium for the manufacture of heroin. This bill was passed by both the House and the Senate and signed by President Coolidge. Dr. S. Dana Hubbard of the New York City Department of Health, writing why the manufacture of heroin be interdicted, stated that it was his opinion that interdiction is indicated owing to the promiscuous and improper use of this drug by the addict and the rather infrequent use of this drug in general medical practice. The narcotic clinic operated to study first hand drug addiction by the Department of Health of New York City demonstrated that of 7464 narcotic drug addicts over 90 percent of them were addicted to the use of heroin. In 69 percent of the total clinic applicants the drug habit had been acquired through evil associates. The vast proportion of these were all under 30 years of age, notwithstanding the American Medical Association expressed the opinion three years ago that heroin be eliminated, there has not been a single protest resolution from any associated doctor or medical organization. It therefore must be the conclusion of the profession regarding this action. The recent report of the special deputy police commissioner of New York City, Dr. Carleton Simon, regarding three year's experience in scrutinizing the "dope" evil is also corroborating, at least statistically. Of 9637 persons arrested in the three years, 6892 were addicted to heroin or cocaine, singly or combined. The average age of the addict in 1921 was 25 years, while in 1923 it ranged between 27 and 28 years.

It is my opinion that less than 2 percent of those arrested can trace their addiction to medical treatment. The major causes are found to be curiosity, morbidity, and criminal association. The health commissioners of New York and Chicago simultaneously expressed themselves to stop the use of heroin in all hospitals. It serves no purposes that other agents cannot accomplish as effectually, and without the attendant possibility of disaster.

Of 236 hospitals, institutions and sanitariums more than 50 percent

have requested their medical staff to comply with the request of the health commissioner regarding heroin. Prof. E. G. Janeway, Bellevue Hospital, 1892, advised his house staff against the use of heroin, particularly stating that heroin used in pneumonia was invariably followed by a fatal result. Frof. Alfred Loomis, New York University professor of medicine, taught his students to beware of so insidious and baneful a drug which more often was a menace than a help. Professor Thompson, New York University professor of materia medica, taught that heroin was a dangerous and unnecessary drug. The appalling feature of drug addiction is that heroin makes addicts quickly, that its victims are mere children in years and experience, that through insufflation, ingestion or subcutaneous injection its effect is well night instantaneous. The physiological effect of heroin is to benumb the inhibitions, and make of moral cowards, brutal, brainless men, without fear and without conscience.

There can be but one, or should be but one, answer to the question,—heroin should be totally and absolutely abolished by all nations. It will always be necessary to fight the use of opium and its derivatives, but this war will be easier by the absolute annihiliation of this baneful and useless drug.

Heroin is the drug used by addicts of over 95 percent of New York's underworld (criminal classes) according to the statistics of the police and at Sing Sing Prison, and the unfortunate part of the situation is that less than 2 percent of these miserable creatures acquire the habit through illness. Heroin is not a necessity in either medicine or art. All of its useful qualities can be easily and safely replaced by other alkaloids of opium.

It is earnestly hoped that everyone will become interested in this effort to awaken the public—here and abroad—to the necessity of preventing the manufacture of heroin, this is in the interest of social welfare and economic safety from criminal imposition. The only way to successfully fight this peril is through legislation forbidding its manufacture, and, by international agreement with all nations participating, not only to forbid the manufacture but to prevent importation from exportation to any land. The heroin question is not a medical one, as heroin addicts spring from sin and crime. It is a social problem where the medical and pharmaceutical and allied professions can do much to aid in solving this serious problem. Society in general must protect itself from the influence of this evil, and there is no greater peril than that of heroin.

I am glad to see the interest taken in this subject of drug addiction by the Rotary Club and similar organizations, and trust they will continue to educate the public to this menace.

Address by Colonel D. W. MacCormack.

Mr. Chairman, Ladies and Gentlemen: I have been greatly impressed by the sound common sense evinced in the program presented to this Conference and in its discussion. Narcotic control has, in the past, been delayed as much by its friends as by those opposed to any regulation whatsoever. Too much attention has been given to those counsellors of perfection who overlook our own immediate problem, the elimination of the drug menace in these United States and scorn any solution which does not pretend to the elimination of the non-medicinal use of drugs throughout the world. Suppression of the illicit traffic in drug deriva-

tives in the countries of the West is one question and its solution is comparatively simple. To put an end, however, to the smoking and eating of opium in the East is quite another matter and one presenting infinite social, political and economic difficulties in its execution.

Public education as to the real nature of the drug problem is essential. The suggestion of Major Brewster that a bureau be established in Geneva to compile and disseminate information relative to the traffic in narcotic drugs appeals to me as an important step to that end. There is perhaps no subject of world interest concerning which there is so little accurate information or so much deliberate misrepresentation as is the case in connection with the drug traffic. Time does not permit my discussion of more than one phase of the problem: Control of production versus control of manufacture as an essential primary step toward the elimination of the illicit traffic in habit-forming drugs.

The following proposal presented by the American delegation to the Geneva Opium Conference may be accepted as defining the basic principle of the American position on this question:

"In order to prevent the abuse of these (opium products) drugs, it is necessary to exercise the control of the production of raw opium in such a manner that there will be no surplus available for non-medicinal and non-scientific purposes."

This proposition is so obviously sound in theory that for years it has been accepted by many of those genuinely interested in narcotic control as offering the most promising solution of the problem. It is to be doubted if before the present year any attempt has ever been made to determine how this theoretically sound solution would work out in actual practice. The fact that control over production was emphasized by the great narcotic manufacturing countries should have given rise to doubt as to the efficacy of the plan as they have not up to the present shown disposition to support any measure which would result in an effective curtailment in the manufacture of narcotic drugs.

In connection with my duties in Persia I was called upon to formulate a Persian opium policy. In drafting this statement of policy, which was approved by the Persian Government and communicated to the League of Nations, there were two major considerations; one moral and the other economic. The former took into account the fact that the opium trade for other than medicinal purposes is morally indefensible and the latter that it is essentially unsound from an economic point of view. This due to the fact that no injurious traffic against which the public opinion of the world is aroused can continue indefinitely.

The American principle of reduction in opium production to medicinal requirements was accepted as the basis of the Persian program. It was obviously necessary that the reduction should be gradual and that before it could commence suitable substitutes must be found as a tenth of the Persian revenues are derived from opium taxes and opium constitutes a fifth of the Persian exports. The situation was complicated by the fact that Persia already had an adverse trade balance and that serious economic crisis might be induced by any action which would tend to increase the already dangerous discrepancy between exports and imports.

In preparing for the presentation of the Persian proposals at Geneva it was necessary to estimate possible objections by the radical reformers

who reject any compromise and by the representatives of other producing and manufacturing countries whose interest it had been in the past and still was to divert attention from their own operations by centering the attack on the Persian opium production as one of the great sources for the supply of the raw material of narcotic drugs.

This led to an examination as to the part actually played by Persian opium in drug manufacture. The results were surprising. For years the American opium reformers and the representatives of the European producing and manufacturing countries had pointed to the large production of opium in Persia as one of the major sources of supply of the drug manufacturers. The truth was found to be that less than one-half of one percent of the opium used in the manufacture of narcotic drugs is furnished by Persia. The quantities of opium entering into the manufacture of narcotic drugs credited to each country in the statistics published by the League of Nations are approximately as follows: India 7 percent of the total, Greece and the Balkans 7 percent, Europe 5 percent, Turkey 77½ percent, other countries 3 percent, Persia less than one-half of one percent. These figures are for all manufacturing countries exclusive of Japan. During the two-year period for which figures are available, Japan imported from Turkey and Europe twice the quantity of opium her statistics indicate as having been manufactured into narcotic drugs. It is, therefore, clear that the statements which have received wide credence that Persian opium is in demand by chemists and that it is an important factor in the world trade in narcotic drugs are inaccurate. It is also clear that if the Persian opium production were to cease today, there would be no interruption to the present supply of opium used in the manufacture of morphine, heroin, etc. . . . . and therefore no reduction in the supply of these drugs.

It having been demonstrated that the effect of the Persian opium production on the manufacture of narcotic drugs is negligible and that its suppression would not curtail the supply now employed for that purpose, another study was undertaken with a view to determining what results might be expected were all the producing countries to accept a curtailment program similar to that proposed for Persia. It has been argued that were all the producing countries to accept to gradually curtail their production, the supply available for drug manufacture must inevitably be reduced in time to the medicinal requirements of the world. Again, this is true in theory but, when one considers the rapid spread of drug addiction, in practice it will not be effective. The opium production of the world is variously estimated at from three to fifteen thousand, or even more, tons per annum. Ten thousand tons would probably be a safely low estimate, but let us take five thousand tons and be beyond any question far on the conservative side. The demand of opium for medicinal purposes has been estimated at from one to four hundred tons per annum. Let us take the largest figure—400 tons. The present production is therefore at least twelve times the amount necessary to meet the medicinal requirements. If all the producing countries accept the program of curtailment which the Persian Government has proposed to the parliament, in the tenth year from now the quantity of opium produced would have been reduced by 52 percent or to 2,400 tons, six times the medicinal requirements. In the fifteenth year, by 72 percent, or 1,400 tons, three and one-half times the medicinal requirements. In the twenty-first year, by 83

percent, or to 850 tons, twice the medicinal requirement. Would this reduction affect the supply available for the manufacture of narcotic drugs? It is very doubtful whether it would. The drug addicts of the West are better able to pay high prices for their drug than are the opium smokers of the East. It may therefore be accepted that as the production is reduced, the opium smokers will be the first affected and that the supply of opium for the morphine and heroin addicts will be the last to be cut off.

Drug addiction is being spread by solicitation and other commercial methods. Owing mainly to the economic factors involved, suppression of the opium and coca leaf cultivation and the development of substitute crops and industries must be a long and costly process requiring many years for its completion. There is furthermore no assurance that even should the supply of vegetable raw material be cut off the evil will be lessened in the countries using manufactured drugs and every reason to believe that the natural will be succeeded by synthetic preparations equally or even more pernicious in their effects.

With the necessity for prompt action to put an end to the rapid spread of drug addiction among the peoples of the world and the certainty that the problem cannot be solved in this generation, if ever, by centering the main attack upon the production of the raw material it becomes obvious that the primary object of all those sincerely desirous of narcotic reform should be a drastic reduction in the manufacture of habit-forming drugs. If the problem is seen in its true light and there is a sufficiently energetic and forceful demand for a strict control of drug manufacturers there is every reason to believe that the manufacture of drug derivatives such as morphine, heroin and cocaine may be reduced to the medicinal requirements of the world within a period of five years.

NOTE: Col. MacCormack was former Director of Internal Revenue of the Persian Government and representative of Persia on the Council and in the Assembly of the League of Nations.

The meeting adjourned at 10:55 *p. m.*

SECOND SESSION—FRIDAY, NOVEMBER 4, 10 A. M.

President Hobson, Chairman of General Committee No. 1, presided.

Invocation was offered by the Rt. Rev. George Zurcher.

Resolution introduced by Dr. C. J. Owens: *Resolved,* That thirty minutes after the hour for assembling each meeting, the Conference shall automatically resolve itself into committee of the whole for the consideration by paragraphs of the committee draft of the uniform state law for narcotic defense, and that the debate in committee of the whole shall be conducted under the five-minute rule. *Resolution unanimously adopted.*

Resolution introduced by Dr. C. J. Owens: *Resolved,* That the Governing Board reports favorably upon the Brewster Resolution, and recommends that the Conference recommend to the Board of Governors of the World Conference on Narcotic Education and the Board of Directors of the International Narcotic Education Association, that the World Conference on Narcotic Education establish a European office with general headquarters located at Geneva to direct the European activities of the Conference. *Resolution unanimously adopted.*

Resolution introduced by Dr. C. J. Owens: *Resolved,* That the Governing Board be requested to convey by cable to Signor M. Cavazzoni,

Italian Delegate to the League of Nations, and member of the Opium Commission the hearty greetings of the Conference for his gracious message defining the position of Premier Mussolini and the Italian Government upon the narcotic drug question recommending the establishment of a European office of the World Conference on Narcotic Education at Geneva, and to convey to him, the Conference's hearty endorsement of the strong and lofty position of his Premier and his government for the safety of Italy and the welfare of all mankind and to notify him of the unanimous action today of the Conference recommending to the Board of Governors of the World Conference on Narcotic Education, the opening of a European office with general headquarters at Geneva. *Resolution unanimously adopted.*

The Conference resolved itself into a committee of the whole for consideration of a draft of a Uniform State Narcotic Defense Act. Judge Frederick H. Allen, Chairman of the Committee on Law and Philosophy, presided. President Hobson read Article I of the Committee Draft of the Uniform State Narcotic Defense Act. It was considered paragraph by paragraph, and after discussion, and on motions duly made and seconded, Article I was adopted with amendments.

Remarks by Judge FREDERICK H. ALLEN.

Mr. Chairman and Members of the Conference: The American Government was the first to make a move in the direction of narcotic enlightenment, by calling the Shanghai Conference in 1909, followed by that of the Hague in 1912—the Peace Treaty of Paris, and then the League of Nations. Prior to 1909, very little was done in the world fight against narcotics. I made a study as to what the League of Nations was doing regarding this fight. I collected information from all over the world, and found that since the war, there has been a great increase in the illicit use of narcotic drugs.

This year New York State has passed a law for drug prevention. It would be a great help if this draft of law were submitted to all States for uniform law on the question. The laws must be clear and permit legitimate use of drugs. The laws of Italy, Japan, France and Germany make provision for wholesalers and men who are in the trade are compelled to give surety bonds in case they transgress the law, pecuniary fines are levied, apart from other penalties that are provided for. The English law provides that the transgressor is imprisoned at hard labor. The Japanese law makes a monopoly of the question and sells all poppies to the government, and all trade must be through the government. Italian penalties are severe, as in England, and one great difficulty is that England and India receive a great deal of revenue through the traffic.

Remarks by DR. ROBERT ANDERSON.

Mr. Chairman, Ladies and Gentlemen: I came to this Conference of Committees of the World Conference on Narcotic Education, commissioned by the Governor of North Carolina, to get what information I could to carry back to my own State that I might be able to work out some law to regulate the narcotic situation there. At present, we have the State colony for the treatment of inebriates and drug addicts. I am greatly impressed with the work of this Conference of Committees to extend the educational propaganda among the people on the harmful

effects of narcotics. In this way it is possible to start an educational campaign that will get the same results from preventive measures, as in the treatment of many contagious diseases, which our profession is handling so well at present. I have been greatly benefitted and stimulated by this Conference to undertake the work in my own State in a more constructive way, and believe it will be possible to work out fine results in preventing drug addicts by education on the baneful effects in the use of narcotics.

Address by Inspector EDWARD W. KUNATH.

Mr. Chairman, Ladies and Gentlemen: Once more I speak to a great gathering as the sole representative of the Detroit Police Department, the great State of Michigan, and the Narcotic Educational Association, Incorporated, and it is a great pleasure, I assure you, to tell you of our plans and hopes and even a little about our aspirations.

One of the first points I wish to make—and perhaps some of you will think that I should be more circumspect—is the need for more activity on the part of our Federal Government. There should be available at all times much more money with which to prosecute the work than has been available in the past.

For example, Federal funds were exhausted in March of this year. As you all know, this was due to the failure of Congress to pass the Deficiency Appropriation Bill in the closing days of the last Congress. What happened? Well, it wasn't long before nearly all the narcotic underworld knew that they were practically immune from arrest and punishment because the Government agents had no money with which to make "buys" and again no money with which to pay the expenses of witnesses. And I rather suspect that no one would be willing to suggest that the "boys" should invest their own dollars in this work. Frankly, they cannot afford to do that.

Again, while some few "small peddlers" were picked up—more with an idea of making some sort of a showing—the bigger men engaged in the peddling of narcotic drugs—the big peddlers went Scot free. There is still another angle to this situation which escapes casual inspection, i. e., the narcotic agents themselves lose faith and courage and that sense of being "backed up" which is so essential to the successful prosecution of their work.

A little money was available shortly after the first of July—but Government agents were once more forced by the lack of proper cooperation on the part of their employers, the great U. S. Government—to practically say to the big peddlers—"You are quite safe. We haven't the money with which to make an ounce 'buy.' You know it. Therefore, have no fear of us. Our hands are tied completely." It seems to me that, if such a thing is possible, we should bring sufficient pressure to bear on the right parties so that the many Federal Narcotic Operatives the country over will be able to do the work which we all expect them to do, and which the great body of citizens fondly believes they are doing.

We cannot assume that all crooks are fools. They seem to be able to learn when their enemies among the "law" are handicapped. They have even "thrown it up to us" in headquarters that they know we can do nothing—that our hands are completely tied.

Another idea on which I am certainly sold is that all cases should be brought in Federal Courts rather than in State Courts. There is a much

better handling of such cases in Federal than in State Court. The sitting judges understand this sort of work from experience—whereas the judges sitting in various State Courts are seldom permitted by their experience to know the various ins and outs of the narcotic branch of criminal jurisprudence.

Again, the average sentence is longer in Federal Courts. Criminals have a much healthier regard for the Federal Courts. Federal judges know this work better. Certainly, until such a time arrives that we have uniform State laws on this subject, we should bend every one of our energies toward bringing all narcotic violation cases before Federal rather than before State judges.

It is also my impression that we should have mandatory sentences for all non-addict peddlers convicted. I have seen so many cases of what I feel are miscarriages of justice merely because the sitting judge was swayed by circumstances or conditions which never would have swayed any law-enforcing officer familiar with the facts. By directing all of our activities in the same direction we are all powerful. It is really folly for two branches of law enforcement to try to carry out the same law unless they work hand in hand. We cannot get away from the fact that in unity there is strength.

For several years those interested in this work have been trying to reduce the amount of the various drugs grown and manufactured. It is my idea that we will get quite a bit farther if we go at it from a somewhat different viewpoint, i. e., that of removal of the market. This would entail several new moves. First of all, I feel that we should have a centrally located United States Hospital for research work, experimentation along scientific lines and also the keeping of records or case histories as developed by the various State hospitals. We should be, for example, in Michigan, when picking up an addict, in a position where we could get that man's complete history—provided he had ever had treatment for addiction elsewhere in this country. In turn, our own case histories would be available through this central bureau to every other State. It would be my idea, when we take a case for treatment in Michigan, for example, to fingerprint and photograph the patient, secure past data regarding family connections, what might be called an "ability background," psychopathic history, everything possible regarding that particular patient. Then, if that man—or woman—had been quarantined for possibly a year we would know that one individual was most surely free from the use of narcotic drugs. Then we could frankly tell the patient, in the event of a relapse, he would be quarantined for perhaps three to five years. Another relapse would mean perhaps quarantine for life. I feel that, with the certainty of such quarantines ahead of one, there would be a considerable number who, once helped off the habit, would not go back to it willingly. It would be another crutch for a somewhat weakened will.

May I add right here another bit of data regarding the terrible lack of proper cooperation on the part of our own Government and illustrate the net result of that lack. On March 1 of this year, morphine was selling in Detroit at prices ranging from $45 to $50 an ounce. Within a month after it became known that the Government agents were without the proper funds with which to carry on their work, the price dropped to from $25 to $30 an ounce. In other words, as this price, like all others,

is governed by the law of supply and demand, the supply on our market increased by from 50 percent to 100 percent.

Another illustration is taken from the fact that, on one occasion when we destroyed a big supply base, the price rose from $35 an ounce to $110 overnight. So you will readily see what effect it has on the enforcement officials when we lack that degree of cooperation which is had in every line of business endeavor.

Now regarding the cures which we are effecting in our State. The Narcotic Education Association has been experimenting with what we call a "farm cure" for two years and we are perfectly prepared to assert that we know how to handle and treat—yes, *cure*—addicts. And we can point the scoffers to our enviable record. Of course, we are not picking up the riff-raff, the mentally or physically unfit, the hopeless wreckage of Society, and trying to make men of them. But we have no difficulty whatever in finding folks who can pass a perfect physical test, who can register better than 100 IQS in any intelligence test, unfortunate brothers of ours who are truly desirous of getting back onto their feet again. We feel, in our State, that to be unable to scientifically help such men would be a terrible misfortune, so we have equipped ourselves to do that work. This equipment means more than a house on a farm. It means a personnel which knows the addict. It means men who are familiar with the addict turn of mind. Who are above all sympathetic and kindly. It means facilities for securing proper employment for the patient when he is ready for release. It means keeping in touch with him so that he cannot—during that first crucial period of a year or so—get the notion that he is being "forgotten" by his friends. It is a big job we are doing in our State, but we feel that we are doing more than handling addicts. We are gathering exact and more or less scientific data regarding the isolation and farm treatment of addicts—looking toward their complete rehabilitation—which will be of tremendous value to other States once they waken to their responsibilities. I thank you.

Address by Professor J. P. CHAMBERLAIN.

Mr. Chairman, Committee Members, Ladies and Gentlemen: For seven years we fought for a narcotic law in New York since the old law was repealed in 1921. The opposition came from physicians and the trade who objected to keeping more records than under the Federal law, and under ground, from persons opposed to any regulations. The act as passed at the 1927 session was the result of many compromises with the State Medical Society and other organized groups interested in the subject. The groups insisted on not being subject to two sets of regulations, State and Federal which would entail keeping more records and being registered again. The act is based on the Federal Act, and accepts records and registration cards under that act for State purposes, a principle opposed by the American Medical Association some years past.

A uniform law for all States is very important and the stage is set to get one. The official conference of Commissioners on Uniform State Laws, has a Committee on narcotic legislation created at the request of the American Medical Association. This Conference should submit its draft to the Commissioners, and urge them to take up actively, the draft of a Uniform State Law.

We should urge a larger appropriation for the enforcement of the

Federal Act. About one-third of the revenue from licenses and fines is being spent on enforcement. All this should go to the enforcement of the act, or the treatment of addicts. The United States has protested against European nations making a profit out of narcotic regulations—she should keep her own record clean.

Colonel H. NORMAN SCHWARZKOPF, Superintendent of the New Jersey State Police praised the work of the organization in its fight against narcotic drug addiction, and pledged their fullest cooperation.

The meeting adjourned at 1:05 *p. m.*

THIRD SESSION—FRIDAY, NOVEMBER 4, 2:45 P. M.

DR. JOHN M. O'CONNOR, Chairman of General Committee No. 2, presided.

Address by Honorable ANDREI POPOVICI.

Mr. Chairman, Ladies and Gentlemen: The Roumanian Government is very gratified to have been invited to take part in the World Narcotic Conference, in which movement it is deeply interested, for, although the Roumanian people are not confronted with the problem of narcotics, it follows, with interest, anything that touches upon the welfare of the citizens of the civilized world. Consumption of narcotics has not made much headway in my country. Just for what reasons, it is hard to state—probably, because of the fact that Roumania is a country with a great population of peasants, about 85 percent belonging to the rural class. So far, the city population either has not become addicted to this vice, the explanation being that the intellectual and working classes have their roots in the peasantry, and, brought into the cities, they still maintain the common sense and the sobriety, which foreign observers notice to be such conspicuous characteristics of our peasants. Lately, especially since the war, I have read here and there in the Roumanian newspapers some items regarding the seizure of various narcotics found on peddlers, mostly of foreign origin, who wanted to establish markets for this product in Roumania. Our police have been very vigilant, and have dealt with them shortly and in a summary way.

The problem of alcoholism, however, seems to more preoccupy the health authorities of Roumania. In order to understand this problem, we have to trace its origin to the time when heterogeneous elements began migrating in Roumania.

Not more than one and a half centuries ago, the only alcohol which was known to the Roumanian people was in the form of wine, which, as you know, is mentioned even in the Bible. The Roumanian soil is particularly adapted for the cultivation of vineyards, and the wines of Cotnari and Odobeshti were widely appreciated in all Europe.

Alcohol is chiefly a commercial article, and commerce in Roumania has been confined, in ancient times, almost exclusively to foreigners.

These enterprising elements gradually invaded the rural districts, the villages, and acquainted our peasantry with a strong alcoholic fluid called "rachiu." Its effects were soon observed. The prosperous villages became impoverished, while the venders became prosperous.

The early measures taken to check this movement were to the effect of limiting the number of localities in which strong alcohol was sold, and the venders had to obtain a license, for which they paid a certain fee. The

population, seeing the disastrous effects of the "rachiu," soon reacted. The churches too, through their priests, explained to the population that alcohol is its worst enemy.

Gradually, other measures were introduced. Alcohol began to be taxed, but its quality could not be controlled without a more radical measure. The State became alarmed and decided that creating a State monopoly over alcohol would not only enable the authorities to control the consummation, but would also prevent clandestine fabrication of poisonous beverages, and, at the same time, would procure a certain revenue, which would be used for the instruction of the population. Thus, the distilleries became controlled by special State authorities, and the fabricated alcohol was taxed heavily. But the health authorities were not satisfied with the results. Their preoccupation was the gradual elimination of strong alcohols. However, the experiments made in other countries in this direction showed them clearly that a drastic measure such as immediate prohibition would give rise to the illicit manufacture of alcohol, the quality of which would surely diminish. They have, therefore, decided upon a two-fold course: ever increasing taxation and a widespread educational campaign.

The new law on alcoholic beverages imposes heavy progressive taxes, which increase with the degree of the alcohol. The immediate result was that the population began to abandon the consumption of strong beverages, and take to beer, which constitutes, likewise, a State monopoly, and is taxed, although not as heavily as strong alcohol. Some experts claim that the consumption of beer does not affect the organisms in such a disastrous way as whiskey. If this is true, we should be glad that this change of attitude took place in Roumania.

Of course, we still have people who are inveterate consumers of strong beverages, but their number is limited, and the scorn heaped upon them by the rest of the population serves as a further check.

New Roumania not only provided the population with an adequate number of schools and teachers, but various subjects bearing upon the duties of citizens to each other and towards the State, among them being subjects dealing with hygiene, were introduced into the curriculum.

The Roumanian Government has spent a considerable amount of money in preparing posters showing the effects of living under unsanitary conditions. Among them, there is a series of pictures showing a family prospering because of its scorn for alcohol, and another family which is living in misery on account of addiction to liquor. The healthy children and the prosperous condition of this family forms a great contrast to the shabby, sickly and miserable appearance of the other family.

Religious education, which every child of school age is compelled to receive in the Roumanian schools, is not only confined to religious matters, but also to proper and moral behavior, which cannot tolerate vice.

The activity of the authorities, however, is not confined to the school children. New Roumania has organized a widespread rural health service, and its officers have been instructed to hold frequent meetings in the villages with projections and films of an educational character. In this program, the idea of the World Narcotic Conference to establish an educational week fitted admirably, and the Roumanian Government received it with enthusiasm. Educational activity during this week has been intensified. All persons interested in this question were mobilized, and an

intense campaign has been carried on throughout all Roumania. University professors, social workers, teachers of all grades, and physicians, invaded the urban and rural districts, holding imposing meetings, acquainting the public not only with the efforts of other countries to eradicate social vices and alcoholism, but showing them, through various mediums, the effects which such vices may have upon the health of the citizens and the security of the State.

Before the last educational campaign in February, the Chief Health Council of the State, in its sessions, debated upon the advisability of including narcotics in their program. They concluded, however, that it would be unwise to enter into such discussions, because this would serve only to arouse unnecessary curiosity regarding a harmful article, which is practically unknown to the majority of the population. They, therefore, did not touch upon this subject. Let us hope that the Roumanian people will never know this problem.

Of course, we have in Roumania a certain movement, meager it is true, which advocated the immediate introduction of total prohibition.

We have recently had a commission of experts visiting the United States, among them being a former Undersecretary of the Ministry of Health, and the present Chief of the Health Service in Roumania. The latter is a convinced prohibitionist, and he practices it severely. Although he is convinced of the wonderful results achieved by prohibition in this country, I doubt that he will be an ardent propagator of the immediate introduction of complete prohibition in Roumania.

In the mind of the majority of Roumanians, the solution of this problem seems to lie in the gradual education of the population and the ever increasing heavy taxes upon alcoholic beverages. The future will tell whether we are justified in taking this course. For the present, we are satisfied to notice some good results, which, at least, justify our hopes.

Address by GERHARD KUHNE.

Mr. Chairman, Ladies and Gentlemen: It has been my privilege to appear in behalf of this organization before a Congressional Committee in Washington to plead for legislation so we could better fight this canker that has fastened itself into our fair land.

I again had the honor of addressing you on July 5, 1926, at the First Conference of the organization at Philadelphia where I endeavored to prove by actual records of our present-day bandits, the connection between drugs and crime.

Since that time, which is only a short time, this noble organization has grown by leaps and bounds and has spread itself from coast to coast, and taken root. A great deal has been accomplished, but with all that has been done, we have not even scratched the surface.

My friends—there is a herculean task before us. The time is ripe for this or an affiliated organization to do something beyond education, if we would purge this fair land of that canker that is eating to the very heart of the nation.

You will recollect that in Philadelphia you were told that the medical profession had nothing to offer in the way of a cure for drug addiction, and I believe that is still the opinion.

We have for the past nineteen months, conducted an experiment at the Correctional Hospital, Welfare Island, under the jurisdiction of the

Department of Correction, with a new treatment for drug addiction, known as the Narcosan Treatment. We have met with amazing results and in some cases we are positive that we have effected cures.

Now let us determine what constitutes a cure. If you have a severe cold your physician prescribed that you follow strictly his orders, and with good care and nature helping, you will be back on your feet as well as ever again. That is considered a cure. But—does your doctor guarantee that you will never take cold again? He does not—and you may take another cold next week, yet you were cured of the first, and so with drug treatment. With the proper treatment and care, a person may be cured of drug addiction, but no one has yet discovered a preventive, that would prevent a person from taking another shot.

After this new treatment had been in progress for fourteen months, I made a confidential report to the Commissioner of Correction. This report was made from the individual histories of these persons treated, and compiled from finger prints taken of each individual upon admission. One of the outstanding features of this report was that only 10 percent repeated—as against 70 percent under normal conditions and under other treatments. Now, of course, fourteen months is not time enough in which to judge, so we do not claim that this is accurate. It was impossible for me to make a survey of fourteen years, when only fourteen months had elapsed; even though this percentage doubles itself, I believe we have still made an awful dent in the proposition.

Again, if we can make such an impression upon the type of persons that we receive, what will it do for the addict in civil life who really wants to be cured? Most of the poor wretches that we receive do not want to be cured; when the quantity of the drug required to satisfy their craving becomes so great that it is prohibitive, they give themselves up for treatment only so that they can go out and start back at the minimum. You may say—"Why don't they want to be cured"? The answer is—What have they to live for, why live at all. Life holds nothing for these poor devils.

Another outstanding feature was that of an average gain of seventeen pounds each of all these patients during a period of thirty days.

If I were to tell you of the miracles I have heard of this Narcosan, you would call me just a plain or fancy liar. I cite a case of a doctor of quite some prominence in New York, who, upon hearing of the new cure, appealed to Captain Sherb in charge of the Narcotic Bureau of the Police Department. He had himself committed to our institution for the Narcosan cure. The doctor is out today absolutely cured, although he had been addicted for the past eighteen years, and had tried everything known, and failed to cure himself. This man is today enjoying a wonderful practice, wonderful health, and the letter that he and his wife wrote is really pathetic.

Another case is that of a probation officer who came to our office to get the history of a certain girl. We gave our record and said: "She is an addict." The officer replied: "No, she isn't. She has only recently taken the Narcosan cure." She said the matron asked her when she entered the institution what she would do for her coc., and she replied: "I don't use it any more. I've taken the Narcosan cure, and, thank God, I am free from it." The probation officer claims that she visited her home, and the mother admits that the girl is absolutely cured of drug addiction.

Another case that Captain Sherb tells me about, is of a man he sent to take the cure. Captain Sherb states that the man called on him only a few weeks ago, and he hardly knew him; when he left to take the cure, he was simply a skeleton, with skin drawn over him—he was so emaciated. The patient gained over sixty pounds from the time he took the cure, to the present.

Another case is that of a man who besides being an addict, was also a heavy drinker. He says that every time he attempted to take a drink of liquor, the smell was so repulsive that he hasn't had a drink since he took the Narcosan treatment.

Another one of the miracles is of an old sailor sixty-nine years of age, who had been an addict for forty years. His own statements say that his vision has been restored so that he can now read ordinary print without the use of glasses.

Warden Schleth holds bundles of letters of praise and thanks from mothers, fathers, sisters, brothers, wives and sweethearts of those who were cured of this addiction and no one knows better than those at home, as to whether the addict has been cured or not. If a cure had not been effected, instead of writing letters of thanks, they would simply say—more bunk.

Now there are two things we must do. One is that we must establish beyond a doubt, that it will cure, and Commissioner Patterson, I know, is about to appoint a committee of reputable physicians outside of our Department, men beyond reproach, outstanding figures in their own profession, to carry on this work in full cooperation with our own staff. Every agency will be put at their disposal in making these appointments. Commissioner Patterson has wisely invited the Health Commissioner, Police Commissioner, the Chief Magistrate, the Chief Justice of Special Session Court, etc., and all agencies through which the addicts seep, to name a person to represent them upon this Committee, to establish once and for all, whether or not it effects a cure. Then it will be officially adopted, that other cities and communities may benefit by this knowledge.

I would recommend that this or an affiliating organization take a more active part in the salvaging of drug addicts, particularly in respect to methods and cures, so that a stamp of approval may be put upon a good treatment and those who have not the facilities to study the various treatments, may receive the benefit of the studies made elsewhere.

Address by Dr. JOHN M. O'CONNOR:

Mr. Chairman, fellow delegates to the International Narcotic Conference, ladies and gentlemen: Drug-addiction . . . . what a herculean task confronts those of us who seek to combat its existing prevalence and to work for the prevention of its further spread! Arrayed against us is a foe already deeply entrenched, his battle lines far flung. Surely for such warfare our preparations must be elaborate and with a solidarity that will endure against assault from without and impatience from within. I say impatience from within, because we must accept the realization that not within our times shall be seen the results of our campaigning; that to succeeding generations must be consigned the joy of gathering the fruits of the ultimate victory for which we now organize and deploy.

This belief in a long deferred victory is the product of my many years of experience in treating those addicted to the use of narcotic drugs. From

those years has come the realization that the reclamation of the unfortunates now using narcotics is a hope ninety per cent impossible of achievement. By this I mean that, according to my observation over a long period of years, ninety per cent of all individuals once addicted remain so until death, in the form of some intercurrent malady, removes them from the scene.

To the uninitiated it might appear that this is an overstatement, especially in view of the great number of drug addicts who voluntarily commit themselves to institutions for treatment. Actually, even with these the percentage holds true; because, alas, their apparent seeking for restoration to normalcy is not the result of a perfect contrition for their wrongdoing, nor is it to be taken as indicative of a heartfelt desire to be relieved, permanently, of their self-destroying habit. In some cases the voluntarily committed patient comes to us because he has found the great quantity of heroin required to satisfy his craving too expensive for his means to supply. In many more cases, his commitment is the result of the patient's having reached the stage where he requires a high daily dosage of the drug, so high, in fact, that he does not receive from his injections the exhiliration produced by the smaller doses taken in the earlier stages of addiction. These latter ones accept treatment only that they may be physically able to start in all over again. There are several other causes for self-commitment; often the pleadings of a non-using wife or husband, often the fear that use of greater dosages will endanger his social position, often the fear that increased usage will result in detection and consequent loss of a position of trust. It is a wood-pile teeming with Senegambians; the discouraging post-treatment careers of hundreds of addicts are eloquent in support of my estimate that ninety per cent of narcotic drug-addicts never permanently forsake the drug, regardless of treatments administered.

If you will grant these figures, I will at once answer what is probably your unspoken question by voicing my conviction that the medical profession has failed utterly to give us any treatment that will not only rehabilitate the drug-addict, but will at the same time produce an immunity to recurrence of his habit. There are as many methods of withdrawing drugs from the addict as there are optimists in medicine; there are, as yet, no cures. Our accomplishment so far has consisted in working to relieve the drug-addict from his craving and in using all available means to minimize the mental and physical suffering that is attendant upon these so-called "cures." At that point, medicine ends.

Do not understand me as advocating any letting down in the efforts to develop a medical cure, or as wishing to see any relaxation in the present treatment of those now addicted. These things must go on, and will go on, not alone because of the ever present hope of developing the long-sought cure, but because among the patients coming to us we are always hopefully alert to detect the few who will prove deserving, and sufficiently resolute to remain away from addiction, once physical craving has been removed.

But, as I view the situation, the line on which we must concentrate our biggest guns, the sector in which we must mass our heaviest artillery, is in the field of education, the field of prevention, the field I shall hereafter refer to as prevention-through-education. There will be fought the deciding battle in our warfare against the scourge of narcotics.

When I talk of education, I do not refer alone to the education available in our schools; I have more particular reference to the education that the still unreasoning infant begins to receive at his mother's knee. We must look upon as potential "enemy" every infant born in this land, using as weapons against him, his parents.

One must be, indeed, a brave and valiant crusader who, in these sophisticated days, dares lift his voice in behalf of what are now condescendingly referred to as the homely virtues; our present so-called Younger Generation, among whose members, we must recall, are the mothers and fathers of tomorrow's America, give scant heed these hectic days to such drab qualities as Justice, Temperance, Fortitude, and Prudence. One says God-fearing in the same satiric tone of voice in which one says mid-Victorian. Almost unnoticed until its arrival there has been insinuated into the common consciousness a vague notion that the older standards of conduct are somehow not quite the thing. I am not here to decry this change, boastingly referred to by the Intelligentsia as progress, but I do urge upon your minds my strong conviction that with the change is coming a dangerous let-down of safeguards against the commission of social acts. If it be true, as I believe it to be true, that we are ruled and motivated by either fear or love, and if love is to become outcast by something that is now spoken about as "It," and fear to be laughted off as a Freudian something-or-other, I find myself ominously disturbed as I wonder whither we are drifting.

By all of which, I mean but to emphasize my hope that we, who are seeking to prevent the creation of new slaves to drug-addiction, will train our guns at the home . . . . at the cradle, there to work for prevention-through-education. As a physician, and in my work among the unfortunates who find their way into our city's jails, I find daily fresh evidence that there are too many people marrying without first giving rightful consideration to what they owe to the children they are to bring into the world. Attention today seems to be directed more toward the accomplishment of some financial purpose, than in providing for the child a home atmosphere in which he shall be schooled in those qualities which go to build self-discipline. These children, now born and yet to come, deserve at our hands a moral equipment with which to ward off the disaster that awaits the undisciplined. The greatest possible justification for the time and effort we are spending in our campaign against narcotics and their use will be found in the success or failure of our efforts to awaken the parents of coming generations to their duty toward those generations.

On the day when the child, toddling on the threshold of the age of reason, asks its first "why," then must the battle begin. On that day begins the implantation, if ever it is to begin, of the seeds of self-discipline. We need not seek to discriminate in selecting any certain class of homes at which to direct our efforts; rich and poor alike furnish the recruits to the army of narcotic addicts; it is not a question of class or of finance. The need for early effort toward education—prevention-through-education—is a general need. For the parents of tomorrow's children we must paint a picture of the horrors of drug-addiction, must impart to them the knowledge that drug-addicts are not a specially produced class who grow on trees, but that they are their children, and yours, and mine, and, finally, urge unremittingly the inculcation of the elsewhere mentioned cardinal virtues, Justice, Temperance, Fortitude, and Prudence.

This building up of character is not a task safely to be left for our schools; the school may only do its best with the material supplied it by the home. Armed with the resistance developed by thoughtfully administered home training, the child reaches the school strong in the face of temptation, balanced in mind, and decidedly unfavorable material for the seller of drugs. The difference between the drug-addict and the man who has never used narcotics, the difference between the man of honor and the felon, is summed up in the one word, "No." The drug-addict and the felon are what they are because at some crucial moment in life each failed to say that word of negation, or, what is more probable, lacked the self-discipline with which to say it, and make it stick.

Occasionally, rarely, the man who has received proper early training succumbs to circumstances and enters into the ranks of drug-addicts, and other offenders. But for such a man there is genuine hope; he has within himself the necessary equipment with which to bring about his own reformation. Such a man does not need our help, nor does he want it.

So, in concluding, I urge that we direct our strongest efforts toward the development of a future generation which, also, shall be strong and beyond the need for our assistance. I urge that we, who are seeking to conquer this infamous enemy, drug-addiction, look more and more away from the clinic and the hospital, and more and more toward the home, the parents, the class room. For our weapons, let us not seek out the doctors, but the mothers, the fathers, the editors, the clergy. As I have frequently said, we may safely leave to the medical profession the task of rendering all possible aid to those unfortunates already in the clutch of narcotic addiction. The job confronting our organization lies elsewhere.

Where we may look, confident of ultimate success, is to the field of prevention-through-education. There, and not elsewhere, may we expect to hear sounded the final notes of conquest over that monstrous enemy, the narcotic drug.

Address by Dr. J. A. Craig.

Mr. Chairman, Ladies and Gentlemen: The International Narcotic Education Association has determined, at least to the satisfaction of its members, three fundamental facts relative to drug addiction: First, "That the cause is ignorance"; second, "That the effect is misery"; third, "That the cure is education."

As the work of my Committee has to do with the element of cure, I shall, in so far as possible, confine my discussion of the matter to that phase of control, which may be effected through a better understanding of pain, as pain, in some form, is, as a rule, the excuse for the administration of the first dose of narcotics, and the relief from pain which results from the administration of this first dose seems to justify the taking of the second dose when the provocation arises, and so on, until addiction, sooner or later results, depending on the strength or nature of the drug used.

The training of my profession (Dr. of Medicine) has led me at times into an inverse application of the philosophy of reasoning from cause to effect. I find myself handicapped here, in this trend of logic, for if the effect of drug addiction is "misery" which no sane person would court, and if the cause of addiction is "ignorance," as statistics seem to prove, we submit that it naturally follows that the cure would be education. But

when the officials of our correctional institutions point out that many of the victims of drug addiction coming under their jurisdiction trace their down-fall from the initial dose imbibed while a student in one of our educational institutions, and warn us that "some of these institutions are the hot-beds where the seeds of drug addiction are germinated," we wonder if the remedy, or cure, "education," as it has been administered, can be relied on, or if it is not time to consider some change, either in the remedy or the form of its application?

If in my practice of medicine, I have a patient who does not respond readily to the treatment, I do not quickly reject the only remedy that seems to offer my patient hope for recovery until it is clearly demonstrated that something else is absolutely better. Likewise, I would be slow to withdraw the remedy of education as a cure for drug addiction, in favor of an untried substitute or one that has proved a failure, but rather would I insist upon a faithful earnest and sincere application of the remedy with such modification of the ingredients as experience may suggest, hoping for ultimate recovery to reward the effort.

If the first dose of narcotics, that is to ultimately lead to the drug habit, which is to deprive its victim of his health, character and mind, is taken through ignorance, may we not well consider just what it is that this individual does not know and what it is he should have learned that might have prevented his taking it? We remember that drug addiction is not confined to the uneducated nor to the social outcast, the habit knows neither class nor condition. We find it, alike in hovel and palace, in every business and profession, as well as among the indolent and crooks.

It may be noted that members of the medical profession, scientists and chemists are not infrequently victims of its ravages. Is it fair to assume they do not know? What is it they do not know? They may know all about the production of the materials from which these drugs are made; they may know every step of the process necessary to the development of the finest, purest and most efficient drug preparations; they may even know the physiological and therapeutic action of these drugs; may we say, even more,—they may know the terrible havoc that is wrought by them but yet they are not deterred, for they also know, if taken, these drugs will afford relief from pain. The thing they do not know is the gospel of pain, they do not know that pain is the friendly messenger warning them of impending danger.

Pain is interpreted, by many, as a synonym for punishment, the very thought of which is repulsive, and so intolerable that willing resort is made to any agent that will render them unconscious of its presence.

PAIN IS NOT PUNISHMENT, and he who is fully educated as to its nature and significance will no longer treat it as an enemy, nor will he freely resort to drugs for the purpose of benumbing him into a condition of insensibility of its visit. The individual must be taught that the purpose of pain is altogether friendly and is to warn him of approaching evil.

Our word "PAIN" is evidently derived from the French word "peine," which was originally the Latin "poena," meaning penalty or punishment. This conception of it has evidently been passed down from generation to generation, and even in our day of boasted enlightenment, have few of us been able to get away from that idea.

Pain is an ATTRIBUTE of man, given him for his protection against

evil. Man was created, so we read, with no knowledge of either good or evil, and without responsibility for the effects of either. If man knew no evil, to him there was no evil; he had no pain for he needed no protection. But man sought knowledge and his seeking was rewarded; he knew, knowing, he knew evil. How did he know it? He knew it by pain. Pain warns man that evil is present, but instead of receiving the warning in a friendly spirit, the tendency is to resent it and to proceed to narcotize ourselves into a condition of unconsciousness and to, somehow, feel that we have, at least for the present, evaded it. We should know that our refusal to admit this visitor, pain, in no way alters the fact that the call was made, nor has the purpose of the warning been altered by our stubborn refusal to recognize it. Our visitor, pain, may leave his card and go away, but we may rest assured the call will be repeated, for pain is a faithful friend and will continue to warn us as long as the danger is pending.

The misconception of the significance of pain, and the malicious attitude manifested towards its visitations, is by no means patent to the illiterate or uneducated. In testimony of which fact we find the successful club man, returning from the links, who by some indiscretion has contracted a cold, and the society woman who has played bridge until a late hour the night before and by her loss of sleep has developed a headache, are most ready victims of some coal-tar preparation or some more heroic narcotic for the purpose of rendering them unconscious of the presence of this friendly visitor, pain, and to enable them to forget, as soon as possible, that they have sinned against health. Both of these types would promptly resent being classified as "dope fiends," "drug addicts" or "narcotic habituates." When the routine of violation of health laws, followed by the kindly warning of pain, to "do it no more" regularly results in resort to drugs, the name of the habit is not so material and the distinction between the individual of this type and he who has passed beyond all consideration of decency or self-respect, is a distinction of degree, only, for they are alike, in that they habitually use narcotics to relieve them of their pain.

Some may question, are the coal-tar products and the various drugs used for the relief of these minor aches and ills to be classified as narcotics? We have become accustomed to thinking of the word "narcotic" as referring only to cocaine and to opium or one of its alkaloids; this fact is probably the outgrowth of our "Harrison narcotic act" seeking to control and regulate the manufacture and sale of these few drugs. Let it be remembered that this law was our first attempt at legal regulation of the "narcotic" use and abuse, and that while it has been splendid, it has not been perfect, and does not presume to cover the entire field of narcotics.

NARCOTICS,—"Are drugs,—1st. Producing sleep or stupor. 2d. Any drug that produces sleep or stupor and at the same time relieves pain." (The American Illustrated Medical Dictionary, 13th Ed. 1923.)

"Benumbing, producing torpor or coma, medicines which act upon the nervous system producing sleep or torpor, they are the anodynes and soporifics."

ANODYNE, "A medicine which alleviates pain, though if given in too large doses, it induces stupor."

SOPORIFIC, "A medicine, drug, preparation or plant that has the property or quality of producing sleep; a narcotic."

These last three definitions are from the International Dictionary and Encyclopedia, and simply and plainly show that the various headache and pain-relieving drugs that are so commonly resorted to as household remedies all come under the classification of narcotics and should be so regarded and dealt with. Such drugs as the bromides, chloral, acetenilide, antipyrine and many others, particularly of the coal-tar derivatives, are, more or less circulatory depressants and should be used with great care and with the full knowledge of their nature.

The drug of this latter class, which in recent years has come into such general use as an anti-pain, anti-neuralgic, anti-cold, and anti-most-anything, is ASPIRIN, and many of the "aspirin habituates" do not realize that they are the victims of a vicious drug habit, nor that aspirin is a habit-forming drug.

The revelations of a recent survey made by one of the service clubs of my own State (Indiana) should be of interest, as it shows how general is the practice of resorting to aspirin on any provocation, and I am sure the findings in Indiana are only an indication of the conditions in New York or any other section of our country.

Indiana boasts of good roads, and these roads have cost vast sums of money to build and to maintain them, the money for this purpose being derived from various sources, such as gasoline tax, vehicle license, taxation direct, etc. A traffic survey was ordered with a view to determining how the burden of this expense should be distributed. It was ascertained that there were seventy thousand foreign automobiles in and out of the State each week. By foreign cars, is meant cars whose passengers used our hotels or tourists camps over night, i. e., they could not get back home the same day. Each of these cars carried an average of three and one-half passengers, which meant that two hundred and forty-five thousand visitors were in and out of our State each week. The question in mind was whether or not these visitors were helping, in any way, to pay for the building and maintenance of our roads, and if so, how? They were not paying automobile license fees, nor any direct tax, so whatever contribution they made must be indirect and through those with whom they were spending their money for supplies or service while in our State. It was then decided to check up on this element and learn who was profiting most by their visit. Was it the hotel man for rooms and meals? No. Was it the grocer for provisions? No. Was it the garage man for supplies and repairs? No. Do you wonder who, then, gets the most of the money left in our State by our visitors, and for what? Will you be surprised when I tell you it is the druggist, and for ASPIRIN? And at that, the druggist is not the only beneficiary of the aspirin in the restaurants, confectioneries, grocery stores, pool rooms and barber shops, with display cards announcing the fact that aspirin is sold there and that it is "good for pain from any cause." May I insist here, that without exception, drugs that are "good for pain" are "harmful to humanity," and that the business of this association is to acquaint the public with the fact that PAIN is our friend, and that any drug that may be self-administered to "Relieve" pain is harmful and dangerous.

In the practice of my profession I find it necessary, at times, to resort to measures, sometimes drugs, for the temporary relief or arrest of pain,

but never do I do so without a full realization of the fact that the cause back of the pain is the thing of paramount interest and should have first and last consideration.

The greatest service I can render my patients is to help them to an understanding of the nature of pain; to teach them that pain is a warning of their illness and that they are to rely on healthful, consistent habits of living to keep well, rather than to repeatedly resort to drugs to get well.

The greatest service that this great organization can possibly render is to acquaint humanity with the nature of pain; to teach them that pain is the messenger of God to warn us of impending danger, and that until the danger is removed the pain should be bravely and patiently endured. Tell them that the way to avoid pain is to regard the simple laws of healthful living, giving due thought to the requirements of our bodies in the matter of food, sleep, fresh, pure air and exercise.

This is no easy task, for the tendency of the day is to demand something magic, something difficult, something for which we must strive and spend our money,—with Naaman, we want someone to "strike the place, or cry unto the Lord his God" rather than to follow the simple instruction "to dip in the river Jordan." We "go away wroth" at the suggestion of corn bread and cabbage—wheat bran and wild greens, to turn back to our "Damascus" of pastries and sweetmeats,—to condiments and confections, and then proceed to narcotize against the pain that we thus invoke, waiting the while for some one to "strike the place and call on the Lord his God" to cure our "leprosy" of indiscretion and appetite.

Paper prepared by Dr. George W. Goode.

Several years ago morphine addiction in the United States had assumed the proportions of a national peril and the number of opium addicts was second only to that of the celestial empire of China.

With its customary energy our Government grappled with the situation and passed comprehensive narcotic laws, the operation of which has liberated us as a people from the shackles of this monstrous peril.

The question arises how this drug consuming habit had obtained such proportions in the United States and to this there can be but one reply, namely, carelessness on the part of the medical profession in prescribing pain-relieving drugs for non-fatal cases and for cases in which simpler remedies were safer and non-habit producing. This careless and indiscriminate prescribing of morphine, with the resulting strict rules and regulations of the narcotic act, has undoubtedly worked considerable hardship upon physicians as a class, and in a certain small number of cases no doubt has inflicted unnecessary pain and suffering upon a small part of the population.

There are few laws unattended with certain injustices, and in the case of the narcotic act the imposition of a license fee on physicians for the privilege of prescribing narcotics for the alleviation of pain from which they secure no direct monetary return, and the prohibiting of the importation and manufacture of heroin may be cited as examples.

One beneficial result of the act, aside from the reduction of the number of addicts, is calling the attention of physicians to the grave dangers of prescribing habit-forming drugs for simple ailments like neuralgia, neuritis, dyspepsia, and other gastro-intestinal disorders.

The law also acts beneficially in preventing patients from having nar-

cotic prescriptions refilled without the knowledge of their physicians. The public is becoming awakened to the grave danger of the narcotic peril and thousands are seeking drugless methods of healing, notably osteopathy, the physicians of which school are able to relieve pain and alleviate suffering in many instances without the use of drugs at all.

Paper prepared by Dr. A. W. Teel.

Unfortunately, the average citizen considers the drug situation in America today as something remote from his life, but intensive study of the drug situation in the United States is sure to make the most callous investigator uncover trails that are apt to leave him a bit dazed. In the police court and the hospitals, he finds so much evidence that he is quite apt to decide that the matter is very serious. At home, again, however, it all seems very remote—more like a wart on the body, out of sight, but not worth the trouble of going to a doctor.

Estimates place drug addicts conservatively at one million users. It is well to note, with Dr. Ernest S. Bishop, consulting physician of the New York State Prison Commission, that the number of people in the grip of narcotic drugs is purely guess work. He follows this with: "I do not think the Government estimates of between one million and two million addicts in the United States are exaggerated. New York State has thirty thousand registered addicts. However, most addicts probably avoid registration."

The use of drugs is not confined to the outcast of society, or to those on the borderland, or to working people, or to foreign population, or to the cultured class. It is not confined to any class. The use of drugs is a truly personal and secret habit that includes people from all of these classes in varying degree. Because drugs are used secretly they become more dangerous, although not so spectacular or as public as is the liquor question. The one who uses alcoholic drinks to excess, as a rule, advertises himself. He keeps the matter before the public eye. The drug user may never be found out and may never be known to be an addict, except to his or her physician.

The Department of Justice in Washington says that from every section of the country come reports—undeniable reports, that the use of narcotics is on the increase. Some of the confidential information shows that while the passage of the narcotic law has served to check the outlet of the drugs through the legitimate channels, it has done nothing to really reduce the amount used in this country. The stricter the narcotic agents are, the more active the drug smugglers become.

The per capita consumption in the United States, as this survey shows, is from thirteen to twenty-two times as great as in the countries named The minimum medicinal dose of opium is one grain. The amount consumed in the United States per annum is sufficient to furnish thirty-six doses of one grain each for man, woman and child. When it is considered that the majority do not take a dose of opium, year after year, it is manifest that the enormous per capita consumption is the result of its great use by addicts. The per capita consumption in India, one of the four countries where opium is produced and where the drug has been used for ages and the trade licensed and regulated by the Government, works out at twenty-six grains, according to an authority there, or ten grains less than the per capita consumption in the United States.

The best authorities, and the most liberal ones in the use of drugs have indicated that one ton of these drugs would satisfy all the needs of North and South America. If we allow a ton for Europe, and another for Asia, we would have three tons altogether to be used in alleviating pain and suffering, which is the legitimate and proper use for drugs of this kind.

Figures indicate that the increase of the drug peddling is the very crux of the domestic situation. The alcoholic and the drug boot-legger is without doubt the lowest specimen of society. He is, generally, a drug user himself, and peddles drugs in order to make money to supply himself. Oftentimes he will make enormous profits, not so much for himself as for the more astute men higher up who look after the distribution of the contraband and who, in all probability, do not use the drug at all.

The peddler is especially responsible for the spreading of the drugs among adolescents and mere children, and he is out to push his business of making more addicts so as to make more money. The sales policy was expressed by one of them: "Every 'hophead' is good for six, and every one of the six, good for six besides." In the very nature of the case, the peddler is frequently caught, caught because there are so many of them, and the very fact that he is caught in large numbers is evidence of conditions today that are bad—very bad.

Little by little, we are digging in, making inroads on the ranks of manufacturers, jobbers, middlemen, venders and boot-leg doctors—doctors who sell their prescription blanks to equally disreputable druggists. Every day it is getting more difficult to purchase narcotics and alcoholics. Every day, too, we are cutting down the number of addicts, taking them off the streets and removing the demand. Substitution promises to be our greatest aid in eventually getting rid of the danger. The quest of man for remedies to cure disease and to aid nature in warding off others, has brought, in some cases, a social evil that has become more like a plague. One of these is heroin, which has no place in medicine. Only one physician out of every hundred will have anything to do with it.

German scientists came out about the year 1900, with heroin, claiming then that it was a synthetic product, non-habit forming, and destined to replace morphine. Upon closer investigation, however, they gave out the information that it was a derivative of opium, and, later, rescinded their previous statement that it was produced synthetically. Their claims as to its non-habit forming properties were also soon exploded.

Virtually every pharmaceutical association in this country has, from time to time, passed resolutions in effect that heroin is unnecessary in the practice of medicine, and has advised its discontinuance. They are all allied against its importation and manufacture. There are, however, a number of laboratories in this country, who for financial profit are taking the opposite and deplorable viewpoint.

The fight to eliminate heroin is also backed by most of the medical societies of this country.

Novocain was patented by a famous chemist, Einhorn, of Munich, in 1905. Dentists, oculists and surgeons are using it successfully, finding that it does even more than cocaine, and has none of its ill effects. They also find it easier to obtain in that they do not have to write any special order blanks. It has been found that there are absolutely no systemic or poisonous effects upon the body and it can be used without danger.

In fact, laws in Germany hold dentists and physicians responsible in event of the death of their patients through use of cocaine.

By limiting the growth of the coca plant, the problem would not be solved, for cocaine, being made from coal tar, as it is in many laboratories in Europe, the natural advance of the price, where growth is curtailed, would enable and invite all laboratories to produce it synthetically. Unquestionably, such a conference would be helpful to those whose life work is this fight, but I believe that it does not go far enough. The resolution should outlaw cocaine and force the use of its substitute. In fact, it should outlaw any drug that has no place in medicine—that is, if it is habit-forming—and others that have, when an efficient substitute is found.

To check the growth of narcotic traffic, there must be sharp, clear cut, drastic action by every country, and by every city. There must be coordinated endeavor. The intensive effort of Police Departments have resulted in a marked decrease, but the gain of the city is the loss of other cities to which vendors have fled.

Mankind should be pitied rather than blamed for their costly errors and terribly punished mistakes in the long fight against ignorance, disease and superstition.

Mankind, in the primitive state, discovered such drugs in this wise: In his eager, unceasing, omnivorous search for anything that would add attractiveness to his menu in times of plenty, or stay his hunger in famine, in this primitive state, unquestionably bit off, chewed and endeavored to digest almost every berry, plant, root or leaf which grew out of doors in the region where he lived.

The seed capsules of a certain poppy which looked attractive, plump and nutritious were found, when chewed, to produce a delightful sensation of drowsiness and comfort followed by golden dreams and purple visions, ending in deep and profound sleep—and Opium, the Pain Conquerer, long hailed as the choicest gift from God to man, was discovered. Of course, it was early found that if one chewed too large a poppy head he might get the drowsy comfort and rosy dreams, but he did not come back to tell about them; and this introduced such refinements as determination of dosage in proportion to effects desired.

Yet another of these trial desserts—the thorn apple, our familiar "Jimson Weed" was found, when eaten, to give an excellent imitation of insanity with delusions and ravings. Of course, a drug which would produce such astonishing effects as this upon a well man must do wonders for a sick one, and it was promptly raised to the medicine shelf as a cure for mental derangements, under the name of hyoscyamus, where it remains to this day.

Having one day, gathered in a gourd more ripe berries than he could possibly eat, one man left the crushed surplus standing where the sun could get at them. His hunger returning in a day or two, he came back to finish them; but to his surprise he found them turned into a biting, frothy pulp, covered with rosy bubbles. He gulped it down and in a few minutes began to see things which he had never dreamed of before. Even when he awakened with a headache his dreams came back to him in alluring guise and by the time he had gotten the dark brown taste out of his mouth, he decided the game was worth another trial, and hastened to pick a bigger gourd full of berries and set them to brew. Thus, Alcohol,

the Great Magician with a sting in his tail, was born, and adopted as Big Medicine.

These substances act on the nervous system and diminish or suspend the functions of the cerebrum after a preliminary stage of excitement. While the physiological action of each is characteristic, there are many symptoms common to the whole group. Indeed, the course of action of all shows three well defined stages: There is, first, a period of apparent exaltation of function; this is followed by a period of diminution and perversion of functional activity; and there is a time of loss of function, in which there is a profound coma and paralysis. This is well illustrated by a description of the symptoms caused by opium, which is a very complex substance. At first, it produces a transient excitement and if the dose is small, the heart becomes stronger and the arterial tension rises. It relieves the sense of fatigue and muscular movements become more rapid and easy. The face is flushed slightly and likewise the pupils are contracted and the expression of the eye more brilliant, ideas flow more rapidly but are less sustained and orderly. The sense of moral fitness is diminished and the appreciation of time and sequence of events are scarcely noticed. Its action varies in different individuals, and after the cerebral excitement, the individual becomes calm, followed by sleep which is usually disturbed by visions and dreams frequently of a frightful character. The after-effects are headache, confusion of mind, nausea, vertigo and constipation and muscular habitude. Those not addicted to the use of opium usually experience, after a full medicinal dose has spent its force, a very distressing sequel referable to the cerebral spinal system. In many cases a mild but defined hepatogenic jaundice occurs and the color of the urine is changed by the coloring matter of the bile. If a lethal dose is taken, the excitement stage is less transient, followed quickly by narcosis and the functions are often rather abruptly suspended. The unfortunate victim lapses into a condition of insensibility characterized by a feeble but rapid action of the heart, slow respiration, shallow and quiet and maybe stertorous. The flushed face rapidly becomes shrunken, palid and cyanosed and the patient is wet with perspiration. The pupils are insensible to stimulation and minutely contracted accompanied by a profound unconsciousness, muscular relaxation and abolition of reflex movement. The striking similarity between opium narcosis and alcohol narcosis makes it extremely difficult to diagnose in cerebral hemorrhage especially if it occurs in the pons, and from uraemic coma. Opium produces no general structural changes, but the brain has been frequently called the "wet brain" by pathologists. The venticles and subrachnoid spaces contain an abundant supply of serum. The intercranial veins are engorged and the large trunk veins are usually distended to a soft coagula. The extreme slowing, or diminishing of the respiration decarbonizes the blood to some extent and the capillary circulation of the lungs is impeded. This interference with the heart and circulation brings about a venus state.

The physiological action of belladonna and hyosayanius are very similar. They produce dryness of the mucous membrane of the nose, mouth, throat and larynx, and if the alkaloids are directly applied, the same effect is produced as that which follows by the stomach or subcutaneous administration. The first stage produces a flushing of the face, rapid action of the heart and of the lungs, followed by delirium and hallucination and illusion. These cerebral effects are very characteristic. The vision is

usually lost, the eyes brilliant and staring and the pupils are dilated to their utmost. The delirium is very peculiar. The patient is incessently occupied by a single object or idea which may be characterized by laughing or hilarity, which may be changed to that of a noisy, furious or fighting patient striking at all who approach. If the dose is lethal, convulsions occur followed by profound stupor, after a period of delirious excitement.

Purely as a phynotic, chloral is quiet and refreshing. It rapidly diffuses into the blood. The dose is fifteen to thirty grains and is not the same in all subjects. Some are more susceptible than others. A comparatively small dose will oftentimes produce headaches, and in some cases a delirious excitement, but if the dose is not lethal, unlike opium, the sleep is natural, calm, dreamless and refreshing; neither is there constipation, headache, faintness or giddiness or nausea that is so common after taking opium and alcohol. The patient is easily aroused to take food and nourishment and will quickly and without difficulty, fall asleep again. It does not relieve pain unless administered in sufficient quantities to suspend the functions of the cerebrum. The variability of the dose makes it more dangerous. Death may be produced suddenly by paralysis of the heart. By experimenting upon rabbits, it has been found to reduce the temperature as much as eight degrees Fahrenheit. This is brought about by the diminished arterial tension and the weakened action of the heart. On examination after death, congestion of the cord and meninges of the brain and distension of the right cavities of the heart have been observed. The suspension of the heart's action takes place in the diastole. The habitual chloral taker is known by his brilliant eyes voluble speech and rather excited and hurried manner. They have sudden attacks of vertigo, very nervous and excitable, complain of singing in the ears, frequently, and of a vacuous or empty feeling of the brain. If they are deprived of the drug they are melancholy, easily fatigued and their voluntary movements are disordered and uncertain, their digestion is poor, their stools are white and pasty, the urine is sometimes albuminous and stained with bile elements.

Narcotics are very useful in medicine, but should only be prescribed by competent and conscientious physicians. Opium and its derivatives are very useful in cases of spasmodic pains. The habitual use of narcotics is ruinous alike to body and mind. Atropine is invaluable to the opthalmic surgeon. A few drops of solution of atropine or a soluble disc will cause dilation of the pupils and at the same time relieve pain. The habit here and in Europe is frequently acquired by persons who have begun the practice for the relief of some painful affection.

In the East, opium is used more commonly, and in many oriental countries, to smoke it is a favorite amusement. Used in this way, the result is a pale, haggard countenance and a dull eye. The victims lose the power of will and they have no energy and are troubled by loss of appetite, giddiness, neurologic pains, sleeplessness and low spirits which call for more of the opiate to alleviate. I have known cases, however, whose health seemed little affected in spite of this pernicious habit. Yet, sooner or later, they must give way and the opium eater must die a worn out and discouraged individual. The cause of death may be due to the liver, of palsy, or of an inveterate diarrhea produced by the long addiction to the vice. Those who consume large quantities have attacks of extreme nervous prostration attended with violent headaches requiring free stim-

ulation for their relief. Besides the general symptoms of chronic opium poisoning, we may have extensive ulcers and other local signs of skin diseases. Morphine, hypodermically, is very popular among addicts, and like alcohol, ether and chloroform, habitually made use of, gives rise to disorders of the mental, motor and sensory functions, producing headache, sleeplessness, hallucinations, giddiness, imbecility, disordered vision and anesthesia. There is noticeable a fine, irregular tremor affecting particularly the hands, lips and tongue and occurring only on attempted move ment. Multiple neuritis is a frequent complication. Chronic alcoholism also occasions diminished vitality, perverted vision, persistent catarrh of the gastro intestinal membrane and tendency to fatty degeneration, especially to the liver and kidneys. Some believe that the children of alcoholics may be epileptics.

Excessive use of tobacco acts as an irritant to the mucus membranes. Lethal doses produce trembling and chronic spasms. Death is usually caused by a paralysis of the muscles of respiration. The pupils of the eyes are contracted, and in fatal cases, insensible to light. Many of these patients believe they have organic disease of the heart by the intermittance of the pulse, irregular cardiac action, and palpitation. Frequently, an obstinate form of otitis is produced. In a case narrated by Taylor, "the deceased stared wildly—there were no convulsions, and he died quietly (in three minutes), heaving a deep sigh in expiring."

Young men and women, weak in morals and vacilitating in type, and without family ties, usually become victims of the drug vendor. There the octopus reaches out and entwines them, holding them only long enough to squeeze out their life blood, then the wreckage is thrown back on civilization.

One look at an addict undergoing the reaction of his particular drug will horrify anyone not familiar with the sight. Eyes look like dull agate, and just as "streaky." Facial muscles continuously twitch. Speech and locomotion become jerky. Teeth become discolored. Will power becomes virtually zero.

There are few narcotic drugs more damning, more malignant, more alienating than cocaine and alcohol, when improperly used. Now that a substitute for cocaine has been found, I believe the proper thing to do is to outlaw it; make its manufacture illegal and back it up with drastic penal sentences for those who ignore the law against it. Let our chemists work on substitutes for the other harmful drugs—substitutes that will not have habit-forming properties and will do the work the original was intended to do. German experts are carrying on along this line, and since their experience with heroin, are decidedly more cautious.

The American Medical Association has often adopted reports on the narcotic drug situation, recommending that the Federal Government should take complete control of the importation of narcotic drugs, restrict such importations to the amount required for legitimate purposes and provide for the distribution of these drugs through the public health service "to properly qualified and responsible persons." It is estimated that fully 90 percent of the opium brought into the United States is used for other than medicinal purposes. The house of delegates recommended that the "importation, manufacture and sale of heroin should be prohibited in the United States."

Heroin, a comparatively new-comer in the field of narcotic drugs, is

by far the most dangerous of all preparations of opium, in that it is peculiarly the drug of young persons, and if it can be banished from the United States, the drug problem will be very substantially reduced. The house of delegates took a stand against the trafficking physician by "emphatically condemning" the ambulatory treatment of drug addiction, the prescribing and dispensing of drugs to addicts for self administration, that it might be possible to provide hospitalization for addicts unable to pay for their own treatment and to provide aid to the States from the Federal Government for the care and treatment of drug addicts in hospitals. If this is done, the United States public health service will be in a position to lead the campaign for the education of the people and the cure of drug addicts at the same time that the Bureau of Internal Revenue is leading the campaign against the unlawful sale of drugs.

The Conference resolved itself into a committee of the whole for further consideration of a Uniform State Narcotic Defense Act. President Hobson read Article II. It was considered paragraph by paragraph, and after discussion, and on motion duly made and seconded, Article II, Sections 1 to 3 were adopted, with amendments, Section 4 being referred to the Committee on Law and Philosophy for further amendment.

Remarks by Honorable MANUEL CRUZ G.

Mr. Chairman, Ladies and Gentlemen: Fortunately, drug addiction is not very prevalent in Mexico, and it is very seldom that you find morphine, cocaine or heroin addicts in my country. The only curse of our people in this respect, is the use of marihuana (the leaf of the cannabis indica) which is smoked and produces serious distortion of the mind. Any investigations along this field would be very helpful to us. Also if some legislation could be adopted that would practically abolish the smuggling of narcotics from the United States into Mexico and vice versa, this would be an invaluable help to us.

The meeting adjourned at 6:10 *p. m.*

FRIDAY—NOVEMBER 4, 7:45 P. M.

A subscription banquet was held in the Little Ball Room of the Hotel Roosevelt, Friday evening, November 4.

HON. FREDERICK H. ALLEN, presided, and called upon DR. C. J. OWENS to act as toastmaster.

Toastmaster—DR. C. J. OWENS, Director General of the World Conference on Narcotic Education.

Speakers: DR. J. NOVAK, Consul General of Czechoslovakia.

COLONEL DANIEL W. MACCORMACK, Director of Internal Revenue of Teheren, Persia, and representative of Persia on the Council and in the Assembly of the League of Nations.

MRS. ELLA A. BOOLE, National President of the Women's Christian Temperance Union.

DR. ALONZO A. WILSON, Director of Near East Relief.

HON. R. S. STERLING, Member of the Board of Governors of the World Conference on Narcotic Education.

CAPTAIN RICHMOND P. HOBSON, Chairman of the Conference of Committees.

FOURTH SESSION—SATURDAY, NOVEMBER 5, 10 A.M.

In the absence of HON. SARA GRAHAM-MULHALL, Chairman of General Committee No. 3, President Hobson presided.

Invocation was offered by ADJUTANT AGNES M. MCKERNAN.

Address by DR. C. P. SEGARD.

Mr. Chairman, Ladies and Gentlemen: While representing Kiwanis International at this World Conference on Narcotic Education, my humble opinion here given must not be considered as the expression of that organization. Nevertheless Kiwanis International and its fifteen hundred clubs in the United States and Canada can offer their forum as a medium to attaining the educational objective of this Conference.

Narcotic Education is a timely activity. The tendency in the industrial field is to increase the number of leisure hours. Intelligent use of the increased leisure is not so evident. One use to which some of this leisure time can be put here presents itself. From the statistics given it is badly needed. And education should, in a matter of this kind, precede legislation.

It seems possible, from the composition of this group, that Narcotic Education as well as legislation will not play "follow the leader" with alcohol. This Conference is no doubt familiar with this situation. Family remedies of 18 to 20 percent alcoholic content can be purchased though they have been declared by competent people to have insufficient medication to prevent their use as a beverage. Yet at the same time the law licenses and requires a prescription from the physician who authorizes the use of the common or garden variety of alcoholic beverage. In 1905 the office of Indian Affaires at Washington notified its Indian Agents in the field to prohibit the sale of one of these home remedies on the ground that "as a medicine something else could be substituted, as an intoxicant it had been found too tempting and too effective."

This group is capable of solving this difficult problem. But its solution cannot be a permanent one if it depends entirely on legislation, prohibition and penalties. Experience has taught us that price, human vanity and human ingenuity will upset well planned intentions. But experience has also taught us that two groups were fairly stable as to the alcohol situation previous to 1919. They were the group who as children has been taught at school, church and home of the bad effects of alcohol. The other group were those who through the closest association as youngsters learned not only its effects, but also its limitations. The second group, in my opinion, were and are today the higher group from a social and intellectual point of view. They have, through choice, a highly intellectual activity to determine their future action. In narcotic education the fact must not be lost sight of that narcotics have served and will continue to serve a very useful purpose.

In adult education I would, at this time, speak a friendly word for three groups of people that I know. Nearly all doctors know some of one group.

First: Many members of society seem incapable of securing the pleasure of "day dreams" without artificial aid.

About twelve years ago I spent a month's vacation in a trip to the Tibetan Border line on the Sikkim side. Some ten or twelve coolies car-

ried our food and clothing and other necessities on that trip. At the end of each day's dak or march, we gave each coolie, who had done his work well, a package of cigarettes costing about one cent a pack. It was interesting to note the change in their demeanor after smoking several of these cigarettes. I feel confident that, after smoking two or three of these, the day dreams resulting were far more realistic than those of the cigarette smoker of this country. The reason for this, I am told, is that the tobacco which goes to make up the cigarette was soaked in an opium solution. While I have never seen this substantiated, I have heard it reported on many sides, and the results as I saw them for many days justify my belief that it was so. If those ignorant coolies find in the day dreams resulting from that solution the same effect as you and I from our own day dreams, I am not prepared to say it should be taken from them. What I do say is this—that education of the mass should be so definite that they will be able, of their own volition, to choose the desirable and refuse the undesirable. In other words, mass or group intelligence grows more by education than by legislation.

Second: We have the group that, through some physiological or mental disturbance, are on too great a nervous tension. While they may temporarily be using sedatives, it may not be long before narcotics are required. For, as Dr. Craig indicated to this Conference, there are sedatives that are as great a problem as narcotics for it must be remembered that doubling and tripling the dose of the sedative places it in the narcotic group.

Third: There is the group that seem to be in an undesirable (to them) mental state. They insist on a change. While I have little sympathy with the majority of this group, in some of these cases mental anguish and physical environment might disappear for a little while through the use of a narcotic.

Wherever the use of narcotics is detrimental to society it can, in the majority of cases, be eliminated by education. Legislation will be effective only when preceded by education. Both legislation and education for or against a moral issue must be based on sound practise. It must have as its main support the groups that give it economic and social standing. When a law is not proof against a little thing like bacterial and sugar fermentation, the law will surely fall into disrepute.

Address By Dr. Joseph F. Fisherman.

Mr. Chairman, Ladies and Gentlemen: If any further facts were needed to show the terrible grip which the narcotic habit has on its victims, they can be furnished by experienced prison officials, who are daily engaged in attempting to frustrate the efforts of drug addicts among the prisoners to smuggle their beloved narcotics into the institution. And the further fact that, in spite of the most unrelenting vigilance, narcotics still manage to seep in, is indicative of the colossal nature of the undertaking confronting those who would crush this traffic. Let me give a few illustrations of what the prison official in an institution housing a considerable percentage of drug addicts is "up against" in endeavoring to keep this contraband traffic at a minimum.

In the first place he must keep ceaseless watch on any little articles which prisoners are permitted to receive. It is a common occurrence to find belts and the hems of handkerchiefs loaded with morphine or cocaine.

The heels of slippers are hollowed and tapped with it, it comes in in oranges and apples, in bananas, and in other food which prisoners are permitted to receive, and I have on numerous occasions seen fruit taken apart, loaded with narcotics, and then put together again so cleverly as to make detection almost impossible were it not for some kind of lucky accident. It comes in under postage stamps on letters addressed to prisoners, in pockets or flaps made inside the envelope; in fact, in everything of any nature whatsoever which reaches the prisoner from the outside. I have known it in the Federal prisons to be powdered on handkerchiefs sent in to prisoners, so that they would secure the much desired "kick" by sucking the handkerchief, or literally "chewing the rag," as a prisoner-wit aptly described it to me. Visiting relatives or friends will endeavor to drop a package of it down a prisoner's back when embracing him, while more than one woman has tried to transfer it to her husband's mouth while kissing him, and indeed they often succed under the very eyes of the most "prison-wise" and sophisticated guards.

Even the visitor's screens, in common use in most penal institutions, do not always serve to keep narcotics out, as so much was found to be transferred through the screens by slender straws that many institutions have found it necessary to erect double screens with an intervening space of a foot or two. And even in spite of this a small quantity of some narcotic will often be pushed through on a slender wire.

It is a prolific source of corruption among the guards, a small percentage of whom, I am sorry to say, have to be watched more closely than the prisoners. When I was inspector of prisons for the Federal Government it became necessary for me on numerous occasions to cause the dismissal of guards who, for varying sums of money, had permitted themselves to be used as intermediaries for the introduction of contraband. Occasionally enough to keep every addict in the institution supplied for many months will be found concealed in a freight car switched on to the institution grounds, the car evidently having been "loaded" by a friend of an inmate on the outside who knew that the car contained goods destined to the institution.

The narcotics which seep in despite the best efforts of the officials, include morphine, cocaine, opium, yenshee (the residue of smoked opium) and even cannabis indica, which strangely enough, is not included in the provisions of Anti-Narcotic Law. It is used largely as a base for corn cures and can be secured in almost any corner drug store. If a prison is so "tight" that the introduction of narcotics is almost impossible, the addict will use anything which he can obtain to give him some kind of sensation which he believes satisfies in a measure his intense craving for drugs. I have even known prisoners to eat the crusts remaining in the bowls of tobacco pipes, claiming they receive a "kick" from the accumulated nicotine and what other substances included in this disgusting mixture.

Once the narcotics are in, the prisoner hides them in the most fantastic places, in his hair, in small rubber packages in his mouth, strapped to the instep with adhesive tape, to the under-arm with gummed paper or court plaster, and under rags tied around imaginary cuts on his fingers, toes and other parts of his body. In his cell they are hidden in the mattress, or on the underside of tables or stools, suspended by a thread attached to the cross-bar in the pipe of his wash-basin, hung into what is

known as the utility corridor in back of his cell by a cord attached to the ventilator, stuffed into cracks made by digging out small quantities of plaster between the stones (the cracks being concealed by wet bread crumbs taken from the table, which, by powdered cement or other substance, are given the proper color), and concealed in dozens of other fantastic places almost beyond belief.

In their efforts to obtain hypodermic needles the prisoners are equally ingenious, although of course where they cannot obtain them they simply scratch the flesh with a pin and introduce the narcotic as best they can. Few of them swallow it as they contend they do not get as great a "kick" as when it is injected hypodermically. One prisoner I know attached the needle which he had managed to smuggle in to the barrel of a fountain pen with melted parrafine obtained from the cracks of the hospital floor, thus making a very effective syringe.

It will of course be apparent to any intelligent person, particularly to those experienced in the administration of penal institutions, that many prisoners entirely free from the drug habit when they come in will be supine victims of it by the time they get out. The delights of "doing your bit on a pill," as the prisoners term the use of narcotics while in the "stir" will soon be explained to this new crop of potential unfortunates. This is particularly true of first offenders glad to do anything to render less poignant the shock, humiliation and monotony of prison life. I make this statement that innocent prisoners are made drug addicts while in the penitentiary out of a wealth of personal observation. I know personally of numbers of prisoners who have been so corrupted, and based on this fact, and on my general knowledge of the pressure constantly acting and reacting among prisoners, I can say with absolute certainty that a considerable number of new addicts are turned out of our prisons every year. I do not want this to be construed as any reflection on the competence of our prison officials, as in spite of their best efforts and I might add incidentally in spite of their public contentions to the contrary concerning their own institutions, narcotics are and will continue to be smuggled into practically every large penitentiary in the United States having any considerable number of addicts among its inmates.

So far I have spoken only of the convict prisons of the country. But when we come to the 2,500 or 3,000 county jails housing anywhere from one to 100 prisoners, new complications arise, due, first, to undermanning or inadequate supervision, and, second, to incompetent medical service and limited hospital facilities. In most of the big prisons the resident physician has had enough experience with narcotic addicts to understand their care and treatment. Or, if he has not, he is of such a high type that he will "read up" on the subject when it becomes necessary for him to treat addicts.

Parenthetically, whether or not an addict is ever cured in reality is a moot question which will not be discussed here. But regardless as to what one's opinion may be on this matter, I do not think anyone will deny that ordinary humanity and decency demand that every effort be made to rid these unfortunates of their habit. Let it be said to the credit of our prison officials, that this is now done in practically all penitentiaries. But the majority of the physicians in the smaller county jails are utterly ignorant of the first principles of treating narcotic addicts. As a result, these victims go through indescribable tortures while undergoing

alleged "cures" and are turned out with the habit as firmly fastened on them as ever and with a shrinking dread of ever taking another "cure." I have on numerous occasions seen these unfortunates lying on the floors of their cells screaming in agony where the local physician simply took the drug away altogether and did not know enough to give some compensatory treatment to relieve the patient's suffering. During the many years I was inspector of prisons for the Federal Government I have talked to hundreds of these physicians in the County jails of the country and have almost invariably found that they did not have an elementary conception of how to treat narcotic addicts, notwithstanding the fact that prisoners of this class were constantly in confinement in their institution. Their so-called "reduction treatment" was in reality no treatment at all. For instance, if a prisoner claimed to have been taking 60 grains of morphine a day (a not uncommon quantity for an old addict), the physician would reduce at the rate of a quarter of a grain a day, so that it would take exactly 240 days to get the patient "off," to say nothing of the time required for "building up," so essential to a narcotic cure. To many of them it never even occurred that the addict might be lying about the quantity he took, as many do in order to get down to what they are actually taking by the time of their release. If they were already taking a large amount, the additional quantity would do them no harm as experienced physicians generally recognize that anything over 12 or 15 grains a day is simply surplusage which the body throws off. This latter fact was never even dreamed of by the larger percentage of these physicians and there is little doubt that if a prisoner had claimed to take 90 grains a day, the treatment would have been spread over a year's time. Rather, it would have been started at this rate regardless of the fact that the prisoner would be released long before a year had elapsed, as the average time which a prisoner spends in jail is not over 60 days. During the twenty-odd years I have been engaged in prison work many thousands of narcotic "cures" by the reduction plan have been started by jail physicians when they knew positively that the prisoner would be released long before they could hope to complete it. In other words, under the system in vogue, for which the physician of course is not responsible, thousands of dollars are literally thrown away each year in starting something which there is no hope of finishing.

Another complication in the jails on which I have already touched, is that of undermanning. This, plus the comparative inexperience of many sheriffs and jailers who only hold office for a year or two, make it easy to smuggle narcotics into these smaller institutions. In some of them the narcotics pour in a steady stream, and I know personally from an investigation which I made some years ago, of a county jail in one of the large cities of the South that numbers of prisoners who had never used drugs before left the institution confirmed addicts.

I could go on indefinitely telling you of various abuses of this nature, but they would merely serve to emphasize what, I feel sure, is already apparent to you, and that is that hospitals and not jails or penitentiaries are the places for narcotic addicts. In these narcotic hospitals of course criminals can and should be separated from the others. It all goes without saying to be kept until cured. This separation is a detail which can be worked out. But one can no more justify the practice of herding non-addicts among the slaves and victims of the narcotic habit than one can

justifying the placing of healthy persons in the same rooms and buildings occupied with those afflicted with smallpox or other loathsome and contagious diseases. In my opinion this separation is one of the primary requisites in the anti-narcotic campaign of this organization.

Paper prepared by Dr. Bartlett B. James.

I was one time in a conference of editors with a leading cancer specialist, who confessed to the almost absolute ignorance by the medical profession of the cause, and hence the cure for that devastating disease. He even declared his belief that the old-time corn plaster might be in some cases of superficial cancer as good as any other remedy. Which was his way of stressing the fact that skin cancer in its earliest stages, before the diseased cells have been distributed in the blood channels may be destroyed either by some powerful drawing medicament or with the aid of the knife.

No more mystery surrounds the nature and the remedies for narcotic drug addiction than is found in the endeavor of the medical profession to reach the causes and to establish a cure for cancer; expedients for both exist, which have more or less of value. Cure remains in the unexplored realm of future investigation. It is therefore of little interest to speculate as to the nature of cancer as a disease or of narcotics as the cause of types of mental and moral deterioration. The world is crying for a cure of these maladies, both of which are of a ferocious and deadly character.

The cause of addiction and the cure of addiction is what the world needs to discover beyond almost any other benefaction that science could confer. It is not by any means certain that here is purely a medical problem. The human organism, whose reactions are as numerous as the millions of cells of its tissues and whose mechanism in operation is as complex as the infinitude of variations of nerve stimuli, is fully as responsive to influences which are not originated within itself, or within its more intimate environment, as to those which arise definitely from normal reactions. "The wind bloweth whithersoever it listeth and ye hear the sound thereof, but ye cannot tell whence it cometh or whither it goeth," is just as true today as ever, despite the announcement of a method by which air currents can actually be photographed. So with the mystery of addiction. The laws of being itself are contravened by narcotic drugs. The fact that the symptoms of the addict are well known and have been accurately described; the fact, too, that certain inflammations of the brain membrane are believed to accompany forms of addiction, does not account either for the manner in which addiction registers in the human organism or how its evil potency may be neutralized.

A leading psychologist of Europe has recently said that the needs of the organism as dictated by surrounding objects is the cause of its reactions. In a word, the human organism to its ultimate atom, reacts solely to "needs"; it is constantly seeking stimuli in order to get the thrill of a new experience. This, of course, is the behaviorism theory of hunger which is experienced by all animate being, and positively by man, who reacts to his neural impulses. The assumption of "needs" is a begging of the question. What are needs and what determines them? What is the need of the cells which "go looney" and create conditions we call cancer? What are the needs of the cells that seize avidly upon the alluring influence which narcotic drugs introduce into the blood stream?

The gentlemen of the behaviorist school simply say that all organized life acts to "needs" and that one need is of the same psychological character as any other.

But the kind of contacts which they predicate as creating needs in the form of stimulii are gross. If the "fathers have eaten sour grapes and the children's teeth are set on edge," this is all by reason of the law of a pervasive and persistent habituation, they tell us, and in doing so simply arrange words in a particular order that is neither convincing nor enlightening. If the microcosm that started the stream of life in the cosmic mud of the infinite ages of the past, had not met with some obstruction in its movement, by minute tides, and thereby been caused to break in half, division of fission might not have arisen and so the first effort of nature to create continuing life, might have been defeated! So, the disposition of cells in microorganism to divide and to share their neucleii arose!

This is a clumsy attempt to explain the tendency to propagate, which is the law of being of organic things. The behaviorists in psychology declare that every man acts, not after the similitude of the original Adam but after that of the original atom, of which they know nothing. Such is determinism, such is behaviorism! To these adventurous bravados in the guise of sober students, genuine scientists say that if any one of them could know all that happens to a single cell in any minute he would be the wisest man of science the world has ever known.

Whatever lies in the mystery of being it is certain that the principle of modification of organic matter by what we call life is not even slightly illuminated by the torch of the advanced behaviorists. Stimulii, eventuating in reaction, is an effect of a law of response which goes back even of chemical explanations. Nothing enters into the action of an organism that can be explained apart from that vast organism, the universe of matter and of ether, the law of the one being affinity, the law of the other energy.

So that the biological law of survival and of natural selection is a summing up of results, not an explanation of causes. From the amoeba to man, the process of selection and rejection goes on, according to some necessity of the organism, and not by some hit-or-miss process of inadvertence or chance. It was discovered the other day that the refusal of the sloths in the Washington zoo to eat was because, to give a behaviorist explanation, they were in tune with the wheeze: "No, we ain't got no bananas." For when this fruit was supplied them the sloths developed energy enough to eat. The acute behaviorists would have a time, however, explaining what is the basis of the need of a sloth first to be slothful, and next to perpetuate his slothful existence by eating, exclusively of all other zoo povender, only bananas!

The narcotic fiend is an unfortunate (from the point of view of normal persons, not from his own point of view), who has developed a desire which was either latent in him, and hence in all humans; or else, he has perverted an ordinary form of desire into an abnormal one. The cohorts of behavioristic claquers, chiefly found among youthful teachers of psychology, could no more explain the peculiar type of appetite of the narcotic "fiend" than they could apply their behavioristic principles to the manner of life of archangels and seraphim. Their mechanistic theory does not apply, for the sufficient reason that no one knows any more con-

cerning the actual effects of the use of narcotic drugs upon the tissues which are attacked by it, or, in fact, which tissues are attacked, than do the doctors know concerning the cause and nature of cancer. Which does not at all preclude a suggestion that has novelty and, perhaps some force.

There is coming more and more to the fore, the confidence that is entertained by many eminent students of the abnormal forms of psychology that the behavior of the individual, and in fact the characteristic reactions to stimuli, of all kinds of beings arises infinitely more from an environment that is little understood, than from that to which the nervous organization commonly responds. There are more influences which bear upon the human organism than has entered into the philosophy of the behaviorists. The behavior of human beings according to their kind, and each individual of the race according to his nature, is governed not a little by wave frequencies the nature of which remain unsolved, perhaps undetected, by the physicist.

It is a highly speculative thing to propose, but is to be considered, nevertheless, that the narcotic addict becomes such by the creation of variations of desire that are analagous to the arousement into activity of muscles which in the vast majority of persons are never used. The awakening of the drug craving is not because of the drug, itself, but because of the nature of the latent desire to which it responds. As matter in respect to the ether of the universe is probably as tenuous as a spider's web, it follows that the influences that operate upon all being are generated, for the most part, in the untracked realms of the universe. Man is in essence an etherial being and is acutely susceptible to the influences of the ether that fills the universe of space. The psychology of the future will have little to do with the reactions of the organism to obvious stimulii and infinitely more to do with the responses of the higher types of organism to the stimulii that has no material forms or substance. Psychology will be swallowed up by the newer metaphysics!

May it not be, then, that the drug addict is such because he has been brought, through heroin or other drastic narcotic drug into maladjustment to the subtle forces of the universe? Would that not account for his failure to respond to known treatments to the extent of being permanently cured? That subtle fortification of desire and controller of its form, which we call will power, has been killed in him. Hence an appetite engendered by wrong relations that reach beyond the ranges of physiology, is created, without any possible check to be administered save that which comes from sources other than material. Only the power of Almighty God, says Dr. O'Connor, can work the miracle of the complete and final redemption of the addict. That is because this power, whatever its nature and method or ministration, is apart from physical understanding and explanation.

Still, physical remedies may be discovered which will bring about cure for the addict. Variations of desire from the normal may indeed, open the victim to physical maladjustments which are too subtle for medical description. Yet some form of medical treatment may eradicate this perversion of desire. It is quite within the possibilities for something to be discovered that will have the effect of counteracting the condition and causing the victim to lose his unnatural appetite. It is always to be borne in mind that the drug desire is unnatural judged from the standards

of normal and rational appetites, ignoring the conviction of the "fiend" that he has discovered an existence so much to be desired, that he revels in it, until nerve and tissue have become so frayed by the high frequency demands of the types of wave influences to which he has become subjected, that they rebel and torturing pains follow the brief initial period of exstatic bliss.

To lay speculation and abstruseness aside for the moment, anything that registers in human experience is more or less subject to what is styled physical control. So that the effects of narcotic drugs upon the human system, are likewise subject to some kind of physical control. The practicality of cure for almost any of them, with the exception of heroin, is indication of this fact; but the tragedy that lies behind the addict's condition is that he virtually never stays cured. Something deeper than appetite has to be dealt with; something that takes hold of and twists the human will, the human conscience and the human balance of judgment. A craving that goes into abeyance only to spring forth again in undisguised and unregenerate force is baffling, to say the least. The dogma of behaviorism (for advanced behaviorism is a dogmatic perversion of scientific psychology) declares that the overlaying of habit by habit, creates the necessities of the organism, and man is but an automaton responding to environment according to the conditioning which has come to be his ascent from the state of microorganism to man.

It will probably be found to be an infinitely truer statement that man in his nature is a product of influences originating in the universe of ether, of energy, and the interplay of etheric forces accounts for the characteristics of mankind and those of the individual of the species, very much more than does his contact with gross objects. The dogma of behaviorism takes no account of conditions which are outside of its pale of explanation. It fixes its boundaries and declares nothing exists outside of these limits, and, therefore, no attention is to be paid thereto. Dogmatic in its sense and in its affirmations, seeking to explain the light of the candle by saying the candle is an illuminant, it runs the dreary circle of rank materialism, unmindful that the narcotic "fiend" is a standing challenge to all its assumptions. For that unhappy individual defies scientists to explain how he is as he is; or to run down through nerve or muscle the immediate effects or the hereditary tendencies which are set up in the human system by narcotic drugs.

When science has become able so to do (and this, it is devoutly to be hoped, may be at an early date) it will be because drugs, or other treatment, is able to link up with the intangible but fatally effective perversions of etheric influence which brought the victim to his plight. Etheric environment means nothing other than that man is shot through with a myriad of ether wave streams, and that at some point narcotic drugs interfere with their clear passage, so that the subject no longer acts and thinks normally.

This theory of a metaphysical basis for the condition of addiction is in line with the clear convictions of medical experts as to the subtle but controlling part that similar influences play in all disease. They, therefore, employ the power of suggestion, which is merely an effort to substitute etheric for physical alteration of the patient's state. The employment of similar methods for physical, mental and spiritual ends by charlatans, is not an indictment of their value, it indicates only that fools rush

in where angels fear to tread—the responsible physician moves cautiously, while the confident montebank scurries. I trust that I shall not be included in the latter classification, by thus evidencing a belief that back of narcotically diseased conditions, lies injury in some etheric envelopment, or interference with the action of these wave energies which scientists agree have vastly more to do with the well-being of humans than do the neutral processes, considered solely by themselves.

It is nothing to the drug addict or to the earnest seekers to bring him salvation from his condition, whether or not behavioristic psychology embraces such phenomena as his within its scope. But it is of value for all others to realize the fact that this deadening science, which denies practical concern in anything which is not material, blanks a universe to center its flare upon a particle of dust! It is of value for all others to know that there are types of reaction which are found in the state of addiction for which behaviorism gives no accounting. If it could point to certain definite and characteristic modifications of tissues or secretion, it might then point with triumph to these as evidences of definite behavioristic effects. Even so, it would by no means follow that influences other than those which are physically caused would not account for the drug symptoms in human pulp.

The farther we get away from the desolating and hope destroying dogma of behaviorism, the surer do we become of revelations which true science is preparing to make as to the interaction of the physical phenomena of life and its spiritual or etheric contributions. The lifting of man above the merely mundane besetments of thought and feeling, is the aim of this age. Everything that has come to be in the field of higher physics and biology, indicates that the only determinism that can explain human existence is that which takes into full account the mystery of being itself.

It may be that the true line of assistance to the addict lies in the creation within him a new set of responses which will take into account both physical ministry and mental healing. But the vital principle underlying all applications of metaphysical potencies for physical ills goes further than mental healing. The mind of the unfortunate, if not responsive, may eventually be made to become susceptible to suggestion by the aids of medical treatment and hospital care. While it is the most virulent of maladjustments that indicates an impairment of the relationship of the individual to the potenties of the universe, as these bear upon and register in the human organism. If laboratory research shall be entered into to the measure of the demand, the evil of narcotics disease will inevitably receive that kind of careful examination and analysis which is given other forms of human malady. Out from this application of science to the situation may come some useful understanding of the actual metaphysical factors. Of these factors medical science may possibly need take little direct account, as the motorman takes little account of fluid electricity when he turns the handle which starts or stops his car.

Only a fuller understanding of a single cell, any cell of the human body, an adequate description of all that takes place in that cell in any given moment, lies between science and the recovery of the addict. It is to be hoped that it will come to be seen that the World Conference on Narcotic Education has in view the whole field of man, as affected by narcotic drugs. In seeking regeneration for the victim thereby may be

discovered regenerative forces which shall prove to be of universal blessing to mankind. The field of scientific discovery opens to those who seek by science, in behalf of the addicts, full recovery of the unfortunates.

NOTE: Dr. B. B. James, Professor of History, American University—formerly professor of Philosophy and Psychology, West Maryland, California. Studied graduate Psychology with Watson, founder of school of Behaviorism, at Johns Hopkins University.

Address by DR. I. C. HOLLINGER.

Mr. Chairman, Ladies and Gentlemen: "The Primrose path of dalliance leads to Hell"—Shakespeare. The dreamy, blissful languor, the ecstacies of pleasure, described by the victims of morphine addiction during the earlier stages of the disease, and while they were only on the confines of the opium inferno, have been given to the world by various writers in the most graphic and vivid terms. The subject has been treated of by a master, whose genius has enwrapped it in the most gorgeous robing of balanced sentences and resounding periods, making the story of the famous opium user a classic in English literature. Every writer upon the subject, when he recalls his experience, seems to linger upon the pleasurable sensations of his initiation with special fondness. His imagination, so worn and jaded with respect to all other things, renews its strength in the memory of these first sensations, even adding to the glory of the golden haze in which his soul was veiled when first he entered the fellowship of "the mild eyed melancholy lotus eaters" on the island where all things were dim and quiet and far away.

There is a mingling of truth and falsehood in the opium user's record of his earlier experience. Those who have published the story of their lives for the general reader in books or magazines, while they do not and cannot exaggerate the dreariness of the desert into which the habit leads at last, have haloed that entrance to that desert with an unreal glory. To the cured morphine user it seems as though a luring demon had furnished the inspiration of these records, in order to wile innocent souls into bondage and doom them to despair.

And yet it is difficult to depict with too much color and light the perfect calm, the blissful quietitude, which opium and its preparations bring to the physical nature. They are the masters of nearly every form of bodily pain. The pangs of physical anguish, which before were unbearable, stinging to madness, are suddenly repulsed and kept at bay, as the Russian wolves are driven back into the outer darkness by the sudden upleaping of flames from the freightened traveler's camp fire. The tiger fangs of neuralgia are suddenly wrenched apart by the strong hand of the opium giant, and the shrieking victim has hours of blessed rest. The agony of diseased nerves is quieted; the morphine spirit touches the tossing victim of sleepless nights and days, with its soft white hand and he becomes as peaceful as a sleeping child. It is blessed peace; it is a sudden transition from infernal regions to gardens of Paradise.

The sweeping condemnation, indulged in by so many, of the exhibition of the various opium sedatives used by the profession, is not founded upon reason; it results from an uninformed sentimentality. Not for nothing does Nature, our mother, nurse the pale poppy flower in her fruitful soil without pouring sunshine. Like the Buddist Satan, the opium spirit is dual, an angel of light as well as of darkness. It has for humanity

blessings as well as curses. The wise and careful physician uses the "drug" to allay the torture of disease, for he knows that the torments of agonized nerves may often be as exhaustive to the vital forces as the malady which causes the anguish.

Now is it the prescription of the physician or a strict compliance with his directions, which, except in a small percentage of cases leads to the formation of the morphine habit. There are, of course, thoughtless and inexperienced medical men who establish in patients the opium craving by their heedless continuance of the "drug," but, as a rule, the victims themselves create the tyrannous appetite by continuing the use of morphine or other narcotics, after the medical attendant has ceased to prescribe. They have found relief in the "drug" and they prescribe it for themselves.

The lesson to be drawn from such instances is, not that the physicians should never prescribe opium sedatives to their patients, but that the treatment of disease should be left to those who have devoted their lives to the study of maladies and their remedies. If patients take up the administration of narcotics to themselves at the point where their physician has ceased to prescribe them, and create in themselves the morphine disease, they have only themselves to blame; as in this age of public schools, newspapers and of scientific knowledge, none should be ignorant of the powers of morphine and the dangers attendant upon their continued use. The vast majority of the four million slaves of the "drug" are neither unlearned nor inexperienced.

They stand much above the average in intelligence and general information. It takes in its deadly embrace so largely, the tenderly lovely womanhood of our land, while it invades the sacredness of the home, the learned professions, even the very Church of God itself.

It is to be found behind the pulpit, or on the bench of justice among the learned, the good and the great, in short it is found in every rank and walk of life.

How, then, can you justly plead the excuse of ignorance, and throw the blame upon the physician? In cases where morphine is administered to ignorant patients, to tell them the name of the "drug" which has relieved their pain, might be like pointing to Adam and Eve, the tree of good and evil, and making it easy for them to pluck and eat its fruit. If the patient does not know the agent by which relief was obtained, he cannot dispense the potent and dangerous medicine to himself. To keep him in ignorance is his best safeguard.

The medical profession have, perhaps, enough to lament, and even to repent of, because of their lack of positive knowledge, but the blame of making morphine users need not rest more heavily on their consciences than may be needful to keep them from carelessness in the pursuance of their duty to relieve the physical sufferings of humanity. I do not then deny that the vivid portrayal of the power of opium and its preparations to quiet physical pain by writers of books and magazine articles upon the opium disease are, in the main, truthful. It is also true that certain unnatural appetites and passions, which sometimes become despotic, spoiling the life and bringing, like a dark cloud over the soul, a fearful dread of desperate crime and awful judgment, are held in check, shorn of their rampant power by the wondrous might of opium. The inebriate, sometimes finds temporary relief in the "drug" from his fiery craving for

alcohol; the abnormally unchaste, through the same magic, obtains relief from the terrible disease. But it may be gravely questioned whether the glowing language used by writers upon the subject to depict the "flowery beds of ease" upon which the soothing power of opium lays the tormented body, is not only unwise, but injurious. However this may be, I do insist that the highly rhetorical descriptions of the effects of opium sedatives upon the mind and its power of thought and imagination have been pregnant of much harm, to the world. The whole subject has been pictured with the highest lights and warmest colorings. The reader is told, in effect, that through opium or its preparations he may at once become an orator, a poet, a thinker with grand ideas of liberty and progress, or be lifted from discouragement or even despair to high possibilities of joyous and successful action. Some writers speak of inspirations which at the waving wand of the opium spirit, sweep through the mind like winds awakening great thoughts and original ideas, revealing and arousing into activity mental powers far surpassing those exhibited by the common, unstimulated and rugged brain.

They tell of poetic sensibilities aroused so that the soul seems to walk in high and equal fellowship with the shades of Shakespeare and Milton and all the giants of literature. They speak of great schemes for the betterment of mankind, revealing themselves to the reformer's thought when wrapped in his opium ecstacy, making the world's future splendid with golden hope and glorious achievement. They tell of the power of expression suddenly developed, the gift of speech bestowed by the spirit of the "drug," making one eloquent to a degree surpassing the highest hopes of his unopiumised dreaming.

They speak to—and ah, how deadly sweet to thousands of aching hearts, and spirits cast down and bruised, of the opium witchcraft as able to lift "the heart bowed down" to heights of calm, to cure the headache; to minister to a mind diseased, and sooth the troubles of thick coming fancies; speak of the sweet oblivious antidote cleansing the bosom of the perilous stuff which weighs upon the heart, as soothing mutual suffering, causing thoughts which torment and feelings which distress, to vanish while the liberated sufferer lies as in a fiery circle, ringed with peace. And, at least, one of these writers, the one genius of them all, strikes yet a still higher key, and in tones which to some are more fascinating than all the rest, discourses of the dreams of indescribable splendor which came to him in the opium torpor, lighting up all the heavens of his sleep with gorgeous coloring, revealing the majestic evolutions of mighty armies, the blast of signalling trumpets, the thrilling rise and dying fall of countless bands of marshal music far and near, the shouting of captains, the muffled thunder of marching feet, an infinite grandeur, a vision of indescribable magnificence. Are not such words full of temptation? They may be inspired, but the inspiration is not breathed by a heavenly spirit. So far as regards these gorgeous cloudlands of almost hysterical description of the effects of opium using, in its earlier stages, upon the faculties of thought, imagination and expression, there is falsehood as well as mischief in them; that they are mischievous who can doubt, while it is true by the greater number of the slaves of opium in its different forms begin the use of the "drug" on account of physical distress, yet the number is by no means small, of those who, at first, took it in order to reproduce,

if possible, the mental phenomena of which they have read such marvelous things.

It is strange that the language of DeQuincey, describing in words of stately rythm the melody, like majestic organ music, the magnificent dreams and visions of his opium sleep, or that even the lower keyed, but still vivid and fascinating word pictures of the wonderful influence of the first few doses of opium upon intellect and fancy, as portrayed by less famous writers in our magazines and newspapers, should tempt men and women to dangers, deadly experimenting with the drug. The fact is, that many a student in college, perhaps the most brilliant intellect of all, many a young, ambitious literary man or woman, after reading these unwise and most dangerous books or articles upon the question or personal experience of morphine users, have hastened to procure the drug and test upon themselves its magic power. They too desire to dream dreams and see visions. They too would become able to weave into stately and splendid language marvelous revelations from some region east of the sun and west of the moon, unvisited by any mortal but themselves. They also desire to call up the seeming angel and feel the thrill of its kisses on their lips. They are not wholly ignorant of what they are doing; they have knowledge of the fact that beyond the border line of mirage there lies a baneful desert, but they are tempted by the glittering in which the opium dream is pictured. They have been told—these writers themselves tell them that the lotus island is the abode of Circe, but desire from within, and temptation from without makes them heedless of warning. The solace of the siren and his delights are so wonderfully seductive that the sight of the grauting herd of those who have been the lovers of the temptress, and upon whom, in the past days, her kisses have wrought transformation, does not deter the flushed, eager newcomer, fresh landed upon the island of joyance. He sees as he hastens through shadowed avenues only the white pillars and shining walls of the enchanting palace; he hears only the tender cadence of inviting voices; he feels only the longing of passions and the thrills of hope. Alas for him, if even but once a flame be kindled in his blood by the fatal sweetness of the siren's kiss. He who for the first time calls upon the opium spirit may see only a beautiful angel with shining face and hovering wings, but if he would only glance behind the apparition he would see, cast upon a background of gloom, a grisly shadow rising vast and awful in the twilight a terrible warning of judgment and gloom. His sorcery has been successful, his incantations have raised the spirit and compelled it to weave its spell around him, but during the short hour of glamor and of dream he has bound himself to the services of a satanic master whose rule is pitiless and whose reward is death.

The seeming increased intellectual activity, the apparent enlargement of mental capacity and power which are felt by the morphine addict during the first stages of his experience are real to him beyond question, to his consciousness there is no illustion in the visions which he beholds, no deceitfulness in the inspiration which he feels. As he lies steeped in a tranced calm the tides of thought seem to roll in his brain from some exhaustless ocean, the horizon of his daily thinking seems to lift its curtain, revealing infinite reaches of sublime speculations. He believes himself to have passed into a new world; it is a real world to him, it is not a portion of his nature which is under the mystic charm, but all of it. He

himself is under the power of the spell; his faculties of perception and feeling. His will, every part and power of his nature are wrought upon by the wonderful witchcraft. There is no central quality of will or judgment that is not influenced by the "drug." This is a mirage of the soul. Not only does the morphine user, as he enters the desert of his weary pilgrimage, see the unreal earth and sky, but he also becomes a part of that world, unable to separate himself from it. He is no longer in the actual world, he is no longer a real man. It would not even be correct to say that he is a man plus opium. He is rather an opiumized man. He is not so much deceived as transformed.

Every thought, every feeling, every act of judgment and will is opium tinged. Its shining folds enshroud his inmost nature and permeate his whole being. He is himself a part of the opium dream and cannot separate himself from its unrealities, whatever thirst may have been wrought upon him to begin his desert journey. The longing to do great deeds, the craving to search out all hidden things, the ambition to taste all that is strange and weird in human experience, the desire to gain special strength for burdens heavy to bear, or to endure troubles which torment the spirit and mar the life, whatever thirst may have parched him, he is a portion of the visions which he beholds, the shining waters and the shading palms are in his own soul and spirit. There remains not one sensation, not one power by which an actual true perception of the real world can be obtained.

Surely one in this condition cannot correctly judge of the value of his thoughts and the genuineness of his revelations. The reader will bear in mind that it is the beginning of the morphine addiction that we are speaking of. What has just been said of the influence of the drug upon the entire nature will apply with still greater force to the condition of those in whom the disease has become confirmed. But, in view of the language used by writers in depicting the delightful sensations and effects produced by the first moderate dose of the drug, it is necessary to insist with great emphasis that, in the exhiliration, the enchantment of the first experiments in opium intoxication there is an element of deceit and falsehood.

The narcotic ecstacies do not bring forth genuine fruit. The thinking which one does while lulled by morphine witchery is not nearly so original or brilliant as it appeared when it flashed through the dreamer's consciousness. It will not endure the test of true criticism, viewed in the light of the facts and principles of this real work-a-day world. The young preacher who nerves himself with two or three tablets of morphine to face his congregation and overcome the fatigue and shrinking which oppress him, may, at the time, believe that he is reaching the loftiest heights of eloquence, but, however greatly an audience satisfied with rhetoric and declamation may admire his morphinised oratory, their lives will not be influenced by his words. He seems himself to have been caught up into Paradise, and to have heard unspeakable words, but it was not the Paradise of God. The eloquence produced by narcotic poisons. Can it be true eloquence? Can it have that touch of nature to which all hearts respond? Let the testimony of the thousands of authors, lawyers and clergymen who have become confirmed in the habit of opium using, be taken on this point and they will admit that their stimulated brilliancy of thought and expression did not, in its effect, fulfill their anticipations.

How can a speaker whose mouth and throat are dry, whose voice is husky and whose eyes are dulled, have the highest and most effective power over his audience?

But his first tampering with the drug will have these physical effects. Literature has received little, if any enrichment from opium using. Granting that the confessions "THE RAVEN," "THE RHYME OF THE ANCIENT MARINER" and "KUBLA KHAN" were inspired by the poppy juice, what thoughtful critic would claim that these are to be classed with the strong, healthy poems which live on because they are full of "sweetness and light." It is doubtful if those weird creations, as a whole, are very highly esteemed by sound and balanced intellects, except for the music of their rhythm, or as studies of the effect of a diseased imagination. It is the immature of the abnormally developed mind which regards them as masterpieces, and as for the best that is in them, like those stanzas in the "Rhyme of the Ancient Mariner."

Sometimes a dropping from the sky
I heard the sky lark sing;
Sometimes all little birds that are
How they seem to fill the sea and air
With their sweet jargoning.

A noise like that of a hidden brook,
In the leafy month of June.
That, to the sleeping woods all night,
Singing a quiet tune.

He prayeth best who loveth best,
All things both great and small;
For the dear God who loveth us,
He made and loved us all.

These may well be credited to those periods when the grasp of the black tyrant was slackened and the soul looked out through clearing eyes upon nature and heaven. It is not through Morphine inspiration that writers can lead us to the sweet spring waters and golden fruits of our mother nature. As soon as the "drug" begins to drone its lullaby and lap the senses in its waking dreams, the eyelids droop, the iris contracts, and a veil comes down between the senses and the outward world. How can one in such a condition see, as they are, this goodly frame, the earth, this most excellent canopy, the air, this majestical roof, fretted with golden fire. He is separated from these things and can no longer press his heart against the bosom of nature and feel its mighty throb.

His perception and his sympathies are dulled; the veil in which he has enshrouded himself shuts out from his soul the true light, which lighteth every man that cometh into the world.

It would contravene an eternal law, that law which has been and ever will be the only basis for attainment of great success and high reward, if merely swallowing a white powder, or a dark green, can make it possible to achieve great things in any field of work. "In the sweat of thy face shalt thou eat bread," That is the immutable, the inescapable ordinance. Whoever has, or whoever can evade it? Real solid lasting results are

reached only by honest and severe labor, not by morphine stimulation, not by any false or easy way whatsoever. That is the perpetual, unchanging law of nature and God. To endeavor to escape from its way is to enter upon a life tinged at the beginning with falsehood, and surely tending to failure and despair. It would not be just to close this chapter without again referring to the large class who acquire the habit of using some form of opium, not for the sake of mental stimulus or to make labor more easy, or simply as an intoxicant, but to escape physical anguish which they felt too terrible to endure.

To blame them harshly for seeking the relief which the drug affords in such cases would be to add an undeserved burden to those whose load is, without it, too heavy for them. If some of them were too easily induced to begin the habit, if shrinking too sensitively from pain they hasten to alleviate, by the use of morphine, sufferings which they might have endured, who shall speak severely of their weakness, now that they have come into the bitter bondage of an anguish that torments not only the body but the soul; let no useless blame be cast upon them. If in the past they were weak, they now comprehend that fact better than anyone else can know it, and he would be heartless indeed, who would add even a little to that burden which crushes them beneath its weight.

Of all the causes of self reproach which fills the hearts of the slaves of opium with increasing remorse and self condemnation, the fact that their enslavement began in their own weakness is the sorest of them. It is truly said: "The heart knoweth its own bitterness," and as for those who sought relief in morphine from the sorrows of life, upon whom calamity came suddenly, beating them down as the tall grain is prostrated by driven storms. Those whose light of hope went out in sudden darkness. Those who saw that all the future held for them only weariness and heartaches and tears. Who shall cast the first stone at them. No doubt it is true that many thousands of men and women find their only relief from bitter memories and from hopeless sorrow in the benumbering influence of Morphine.

Address by the Rt. Rev. George Zurcher.

Mr. Chairman, Ladies and Gentlemen: Lawless appetite means a desire not only for harmful things such as narcotic poison, but also for excessive food which becomes harmful or poisonous. We extole the advantage of civilization, but overlook its weak side. It has catered to our physical wants until our bodily appetite too often becomes imperious enough to smother all dictates of reason. Animals and uncivilized people are far ahead of us in keeping the satiating of physical wants within normal or reasonable bounds. Many a professional man, urged by a competent physician to abstain from meat or excessive food to reduce blood pressure, decides without even a struggle to sacrifice a few years of his life, rather than sacrifice a portion of his accustomed ration.

An undisciplined catering to bodily appetite is not only an inner rebellion against the law of reason which should regulate our private conduct, but a prolific source of rebellion against any State law that interferes with the satisfaction of appetite or pleasure which money can buy. A nation becomes less law-abiding in proportion as the number of those who are guided by appetite rather than by reason, increases.

The rules of every monastery before the time of St. Benedict in the

sixth century, prohibited the use of meat and intoxicants. Outside of sickness, no monk tasted any food before the noon hour on week days, though he labored transcribing books, reclaiming swamps, etc., and generally lived long. Up to the twelfth century all Christians were prohibited from using meat or intoxicants during the forty days of lent and on other fasting days; those who were of age were also prohibited from using any food before the noon hour on fasting days. Today no general Church law prescribes total abstinance from food, etc.

People are so set in their habits of catering to appetite that the Government almost limits its bulletins to telling us how to feed cows, chickens, hogs, etc.

In spite of a lengthening average duration of life due to scientific progress, the health of civilized races has decreased in proportion as the satiating of their appetite has increased. The weaker we grow, the stronger becomes our desire for artificial drug stimulation or for deadening uncomfortable feelings, and the more difficult becomes the enforcement of all laws interfering with the satiating of appetite. How true are the words of George Washington in his farewell address, that religion and morality are fundamental props of American liberties.

Catering to physical appetite is detrimental to intellectual and spiritual development. Mary B. Eddy and others advise that intellectual work should be done before the first full meal of the day. Many religious leaders, instead of inculcating morality and self-denial, are busy strengthening their organizations; some are not altogether unworldly themselves; others strain themselves erecting monumental buildings. Much of our religious activity is a decorous attempt to glide along in a righteous pose with the least possible friction.

Is civilization then to be scrapped? We cannot think so. But we must not be satisfied with passing the most perfect anti-narcotic law ever drafted anywhere; we must aid in strengthening the foundations on which the welfare of nations rest.

The Conference resolved itself into a committee of the whole, and after consideration, paragraph by paragraph, and after discussions and motions duly made and seconded, Article II, Sections 5 to 14, inclusive, were adopted with amendments. President Hobson read Article III, and after consideration, paragraph by paragraph, and on motions duly made and seconded, Sections 1 to 5, inclusive, were adopted with amendments.

The meeting adjourned at 1:45 *p. m.*

FIFTH SESSION—SATURDAY, NOVEMBER 5, 3 P. M.

Dr. C. J. Owens, Chairman of General Committee No. 4, presided.

Invocation was offered by Rabbi Joseph Silverman.

Address by Rev. Albert Sidney Gregg.

Mr. Chairman, Ladies and Gentlemen: My proposition is that the Government should segregate drug addicts convicted in United States courts, and care for them in a Sanitarium, in place of sending them to a United States prison as criminals.

McNeil Island, near Takoma, Washington, in Puget Sound, would make an excellent location for a Narcotic Sanitarium. This island is now a Federal prison, with a population of 674 men. It is about four miles long

and two miles wide, and the icy waters of Puget Sound serve as prison walls.

The first move in converting this prison into a Sanitarium would be to erect suitable buildings, and organize a hospital staff to take charge. It would be a new institution, entirely, and possibly should be supervised by a special Bureau, in place of being under the control of the Department of Justice.

After suitable quarters have been provided, the addicts now doing time in the Atlanta and Leavenworth United States prisons as criminals, could be moved to the Sanitarium, and the non-addict prisoners at McNeil Island sent to another prison, possibly to Leavenworth.

This would involve the shifting of over 2,000 men.

According to the latest available reports of the wardens of the three prisons named, the number of violators of the National Drug Act in custody on June 30, 1926, were: Atlanta, 964; Leavenworth, 971; McNeil Island, 195, making a total of 2,130. To this should be added the women addicts who have been sent to the new women's prison at Alderson, W. Va., for which figures are not available. However, the women would have to be cared for in a special institution, which would be much smaller than the one proposed for McNeil Island. Women addicts do not seem to be nearly as numerous as the men addicts, or at least not so many are tried in United States courts.

The figures quoted include both addicts and peddlers. Exactly how many of them are other than addicts does not appear in the official reports.

Suppose we say, for the sake of advancing the discussion, that 130 are peddlers, physicians and druggists, who have sold drugs illegally, that would leave 2,000 actual addicts for the new Sanitarium. I am aware that my figures may be a little too high, but they are not enough out of the way to affect my argument. Such a shifting of men as I am now proposing would relieve the pressure on the Atlanta and Leavenworth prisons, which are now greatly overcrowded, and improve the discipline, for the addicts would no longer be a disturbing element. Furthermore, there is plenty of room on McNeil Island for expansion, and as new addicts are sent from the various United States courts in all parts of the country, additional quarters could be erected by the inmates of the Sanitarium, and thus the cost would be kept down.

A Narcotic Sanitarium located anywhere inland would have to be as large as the prison at Atlanta, and the cost for land, walls, equipment and farm would run into big figures. I have not computed the probable cost of converting McNeil Island into a Narcotic Sanitarium, but I am satisfied that it would be small in comparison with the cost of any other plan that could be proposed. One important item is that the island is large enough to provide the outdoor employment essential to the treatment of addicts, without buying any more land. The soil in that region is very productive, and the entire island could be turned into a garden which could yield enough to feed the Sanitarium population, and possibly have something left to sell.

In the report of Warden Archer of the McNeil Island prison for 1926, I note that the cost of subsistence for 674 men for the year was $35,167.24, and that during the same period of time, the value of farm products raised by the prisoners, and used in feeding prisoners, officers

and stock was $37,301.87. In other words, the inmates more than cut their own feed, and they have only scratched the surface of possibilities on McNeil Island.

Furthermore, in connection with the proposed Narcotic Sanitarium it might be possible to establish an envelope factory there to manufacture envelopes for the use of the Government, just as mail bags are made for the Government at Atlanta.

Industrial training, and possibly commercial instruction could be given. Training that would enable narcotic victims to earn money, and take their place in society as self respecting producers, would do much to help them recover the self mastery which is essential to a permanent cure. They should also be given instruction by lectures and moving pictures, showing the nature and effect of narcotic drugs. A chaplain, who understands men, should have charge of the religious activities.

A staff of doctors, nurses, and psychiatrists should have immediate control of the inmates, give them careful personal attention, and test them from time to time to determine what progress they are making.

A parole board, consisting of the Sanitarium superintendent, the chaplain, and the head physician, should have the power to release an inmate on parole, when, in their judgment, he has been cured. The action of this board should be final, and not subject to the approval of the United States Attorney General, or of any District Judge or District Attorney.

Special attention should be given to the Sanitarium parole system, in order to protect paroled men from drug peddlers waiting for them on the outside, and from old associations who might entice them into using drugs again. Sanitarium inmates should be paroled to first, friends, just as they are from United States prisons, but an actual job must be a certainty. I regard this feature of supreme importance, for it is at this point that our prison system breaks down. For more must be done than is being done to bridge the gap between the front gate of prisons and employment, in order to prevent discharged or paroled prisoners from becoming repeaters. The same thing is equally true with drug addicts. A Narcotic Sanitarium would be a failure unless great care is exercised in looking after the men who have been released.

If a man on parole from the Sanitarium should resume the use of drugs, or otherwise violate his parole, the superintendent of the Sanitarium should have the power to order his arrest, and return by a United States marshal. If a man should violate his parole a certain number of times, say three times, he should be declared incurable and be permanently isolated.

Who should be sent to the Sanitarium? Addicts convicted of possessing drugs, and men convicted of other crimes who are drug users. The sentence should be indeterminate after a minimum of two years. The reason I include violators of other laws who are addicts, but who are not convicted on a narcotic charge is that in my opinion, the cure of addiction should take precedence over punishment for crime. Peddlers, and other violators of the National Drug Act, who are not addicts, should be sent to prison.

My reason for advocating the Narcotic Sanitarium is that narcotic drug addiction is a disease of the body, mind and soul, resulting from the habitual use of morphine, heroin and cocaine, and victims should not be sent to United States prisons as criminals, as is now being done under

the Harrison Act. Addiction should be classed with small pox, cancer, or leprosy, and provision made for cure or isolation.

In his report to the United States Attorney General for 1926 and 1927, Warden Snook of Atlanta, recommended that addicts should be cared for in a separate institution, and in a letter to the writer of this paper, Warden White of the Leavenworth prison heartily favors such a plan. A number of United States District Judges and District Attorneys feel that the narcotic situation is not being handled adequately by the Government.

This feeling found expression in a paper read by Judge Martin J. Wade, of the United States District Court, Davenport, Iowa, at the World's Conference on Narcotic Education, held at Philadelphia, Pa., July 5-9, 1926, recorded on page 167 of the official report of that Conference. After giving a vivid word picture of drug addicts in court, he offered a resolution providing "that there should be erected, equipped and maintained, a United States Narcotic Sanitarium, in which drug addicts may be confined, and in which they shall receive treatment and training, physical, mental and spiritual, which is impossible to be given in a penitentiary, to the end that their lives may be salvaged, and that they may be brought back into society to lead decent, honorable lives."

Judge Wade undoubtedly voiced the conviction of a large number of public officials who have had experiences with drug addicts. In gathering material and opinions for this discussion, I have received letters from outstanding industrial and religious leaders supporting my proposition that addicts should be given special treatment as victims of disease, in place of being punished as criminals.

Among the men expressing such views are Henry Ford of Detroit; Mayor James J. Walker of New York; Billy Sunday the evangelist; T. B. White, warden of the United States penitentiary at Leavenworth; Bishop James E. Freeman of Washington, D. C.; Mr. W. R. Hopkins, City Manager of Cleveland; Dr. William Sheafe Chase, superintendent of the International Reform Federation, Washington, D. C.; Captain Richmond Pearson Hobson, president of the International Narcotic Education Association, Los Angeles, Calif.; Congressman Charles A. Mooney of Ohio; Congressman Clyde Kelly of Pennsylvania; Clarence Darrow of Chicago; Bishop Cyrus J. Kephart of Kansas City, Mo.; Mayor George A. Hoverter of Harrisburg, Pa.; Governor J. H. White of Nevada; Dr. William C. Sandy, of the Pennsylvania Department of Welfare; Bishop Joseph Schrembs of Cleveland; and Miss Sara Graham-Mulhall of New York; Edwin D. Barry, director of public safety of Cleveland; and representative pastors of Cleveland, among them being Rev. Dr. Charles L. DeBow, pastor of the First M. E. Church; Rev. Dr. J. H. Golder, pastor of the Euclid Avenue Christian Church; Rev. Dr. John Snape, pastor of the Euclid Avenue Baptist Church; and Rev. W. H. Hubbell, pastor of the Second United Presbyterian Church. Hundreds of names could be added to the foregoing, but I have listed just enough to show the attitude of those who have given the subject some attention.

Once a strong public opinion has been created that an addict is not a criminal, but a very sick man, we will be better prepared to harmonize State and national activities in dealing with drugs.

While there is a growing sentiment in favor of segregation and hospital treatment for addicts, it should be made to move faster. The gen-

eral practice now is to treat addicts in jails, hospitals for the insane, or private hospitals, but only as an incidental matter. There is little or no provision for isolation.

California, among the States, has led the way, by providing for an institution for the confinement, cure and rehabilitation of drug addicts, to be known as the State Narcotic Hospital. The bill authorizing this institution was introduced in the California Assembly in January, 1927, and became a law as the result of the agitation by the International Narcotic Education Association. The action of the legislature in passing this bill was preceded by a thorough study of the narcotic situation in California by a Joint Committee of the State Senate and assembly.

In this connection I wish to state that I have received a letter from W. J. Herwig, secretary of the Oregon State Narcotic Commission, in which he expresses deep interest in the proposed Narcotic Sanitarium. He states that a joint Narcotic Commission has been created by the legislatures of California, Oregon and Washington, to make a complete survey of the drug situation on the coast, and recommend necessary legislation.

In Michigan, officials and private citizens have set out to raise $250,000 for the erection of a special hospital for addicts, and to provide personal supervision for cured addicts. The Board of Commerce in Detroit took the lead, backed by numerous private organizations, and the Michigan Anti-Narcotic Educational Association. This undertaking is most commendable, for it united private citizens and officials in a common effort in behalf of addicts.

Quite naturally the question arises: "Why cannot drug addicts be treated in United States prison hospitals"? They are being given such treatment, but it is incidental, and not special. The report from the Atlanta prison shows that very careful attention has been given to addicts, but only in connection with other prisoners.

The important factor in dealing with addicts is the "atmosphere" of the institution. A prison is a place where men are punished, and a Sanitarium is a place where they are helped to get well. There is a vast difference. "Atmosphere" is created by the mental attitude of attendnats toward inmates, and the general surroundings. The latent mental and moral powers of the addict must be aroused, and enlisted, in order to effect a cure, and that can be done only by kindly, sympatehtic treatment.

If addiction could be cured by giving medicine, like curing an ordinary cold, the situation would be entirely different, but where recovery is supremely dependent on psychological conditions entirely foreign to a prison, I insist that prison is no place for such unfortunates. The emotional suppression and the restrictions of prison life are bad enough for men in normal health, but such an "atmosphere" is utterly demoralizing to men whose nerves have been burned out by the use of narcotic drugs.

Rating an addict as a sick man, and not as a criminal, and placing him in an institution where he will not be branded as a convict, will have a powerful moral effect, and do much to enable him to resist temptation after his release.

A sinister aspect of the opposition to the attack on drugs is the subtle claim that addiction is a passing evil, and that there is no occasion for alarm.

What are some of the outstanding facts?

The number of addicts in the United States is estimated in figures running from 250,000 to 4,000,000. One student of the subject states that there are enough addicts in this country to form a line reaching from Boston to 'Frisco.

Miss Sara Graham-Mulhall, in her book entitled "Opium: The Demon Flower," says the drug victims can be found in every grade of society, and from infancy to old age.

Lahman Forrest Bower, in his amazing book on the "Economic Waste of Sin," places the annual economic loss resulting from drugs at $720,000,000.

Dr. Royal S. Copeland, formerly Health Commissioner of New York, and now United States Senator from that State, is quoted as saying that one person in thirty in New York is an addict, and that certain physicians in that city are writing from one hundred to two hundred drug prescriptions a day at 25 cents a prescription.

"They should be boiled in oil," he declares, "and if there is a hell, they should sizzle for all eternity."

Morphine comes from opium, which is made from the sap of the white poppy grown chiefly in India, Turkey and Persia, and heroin is a product of morphine. Cocaine is manufactured from the leaves of the coca plant, found mainly in South America.

Concerted efforts have been made by the leading nations to restrict the production of opium by treaty, and there is progress in that direction. Now comes the disheartening news that chemists have learned how to make morphine, heroin and cocaine synthetically out of coal tar products.

Mr. Gerhard Kuhne, of the Department of Correction, New York, is on record as saying: "I am not a chemist, but I have been associated with chemists, and I can start manufacturing synthetic heroin with an outlay of $5, without any technical knowledge of chemistry." Mr. Kuhne made this statement before the Committee on Education, House of Representatives, Sixty-ninth Congress, at a hearing on December 16, 1925.

Furthermore, a cablegram from Geneva to the New York Times, dated September 13, 1927, states that the European drug traffickers have discovered a new way to prepare morphine which enables them to get it by the police and the customs officials. They call it "cop dodger."

In discussing this synthetic morphine, Magistrate McAdoo of New York, is quoted by the Times as saying that the new concoction may explain the increased number of morphine users in New York as against heroin. Until recently, says the Magistrate, 95 percent of the New York addicts have been heroin users.

Our great peril, it seems, is not so much from the importation of opium, smuggled or otherwise, as it is from the synthetic drugs, and stuff of the "cop dodger" variety.

Let's not fool ourselves about this matter, or allow anybody else to fool us. Men without conscience are making enormous profits by supplying drugs to peddlers, and users, and they are eager to drug the nation into feeling that there is really nothing to get excited about in connection with narcotic drugs.

But there is something going on that ought to excite fathers and mothers everywhere, and that is the debauchery of young people by the use of heroin. This drug catches the boy and the girl between the ages of sixteen and twenty, and even younger. Many of them learn the habit

at "snow parties" where the deadly, innocent looking white powder is offered as a novelty, as something with a delightful kick in it. One or two sniffs of heroin, and a new customer is chalked up by the sinister promoter in the background who has engineered the party for the purpose of creating a demand for his goods.

Young people who are caught in this way constitute the bulk of the new recruits who are swelling the ranks of the addicts. One twenty-fifth of a grain of heroin is sufficient to cause the drug effect, and its regular use for a short time enslaves the victim. A very alarming aspect of the situation is that heroin addicts have a mania for making more addicts. Drug users quickly become peddlers, and the evil spreads with ever-widening circles of misery and destruction.

"Self-respect, honor, obedience, ambition, truthfulness—melt away," says Captain Hobson. "Virtue and morality disintegrate. The question of securing a drug supply becomes absolutely dominant. To get this supply, the addict will not only advocate policies against the public welfare, but he will lie, steal, rob and if necessary, commit murder."

Narcotic drugs are related to crime in two ways. One is that a gunman will use morphine to give him courage to commit violent crimes, and the other is that an addict will commit a crime to get money for drugs.

Once more I quote from Mr. Gerhard Kuhne, of the Department of Correction, New York. In a paper read at the first World Conference on Narcotic Education, held in Philadelphia, July 5-9, 1926, Mr. Kuhne gave many convincing facts and figures about the connection between narcotics and crime. His main point was:

"Drugs are the cause of from 50 to 75 percent of our crimes. By this I mean, if it was not for a person using drugs or craving them, half of these crimes would never have been attempted or committed."

Mr. Kuhne is chief of the Bureau of Criminal Identification in the city of New York, and the foregoing conclusion was supported by an impressive list of actual cases.

Hon. Frederick A. Wallis, formerly Commissioner of Correction of New York, was one of the speakers before the House Committee on Education at a hearing held on December 16, 1925, relative to narcotics. Among other things he said:

"We all realize what heroin does to a man who is using morphine. It makes a misdemeanor a murder over night, and makes a man afraid of nothing. Bold daylight murders, and shooting down people in broad day light, are inspired by drugs directly and indirectly. I said to a drug addict, a girl, at Jefferson Market:

"Where did you get this drug"?

"She replied, 'Commissioner, get in a taxicab with me, and at almost every corner I'll show you.' "

The proposed National Narcotic Sanitarium which we are advocating will not solve the problem, but it will be a step in the right direction. It may not cure very many at first, but it will afford an opportunity for Government experts to study drug addiction as it has never been studied before. Yellow fever was a scourge in the South until men of skill and courage readily grappled with it, and finally found a remedy. I want to give our men of science a real fighting chance to throttle this thing known as drug addiction, and destroy it forever. If the Government will

take the lead, I am sure the States will gladly cooperate in working out a worth while program.

Congress should appoint a committee to survey the entire narcotic situation, just as it is being studied in the States on the Pacific Coast, and in New York City under the supervision of Richard C. Patterson, Commissioner of the Department of Correction. There are many things in connection with this proposition which I have not even mentioned that will have to be considered in committee. Public enlightenment is absolutely essential to the success of this undertaking, and Congressional hearings are a most effective way of enlightening the people.

I am satisfied that when the folks who rule America really understand addicts, and the menace of narcotic drugs, they will quickly rally in favor of a Government Narcotic Sanitarium. It matters little to me where it is located, so long as something is done. I have suggested McNeal Island just to make my proposition concrete, and set the people to thinking and talking. Once the people face the facts and think and talk about this subject, they are sure to do something about it.

Now listen to the conclusion of the whole matter:

Segregation of drug addicts in Federal and State sanitariums will tend to destroy the traffic in narcotic drugs, for the reason that drug users are potential peddlers. They must sell drugs to get their own supply. Addicts are also potential criminals, and every additional addict increases the number of potential criminals just that much. If they cannot be cured in a sanitarium, they should be isolated, so they cannot go on making more victims, and spreading misery and destruction. *My big point is, give them a chance to get well, and if they cannot be cured, keep them where they cannot do any harm.*

Resolution introduced by DR. A. S. GREGG.

WHEREAS drug addicts arrested under the national anti-narcotic drug laws, and convicted in U. S. courts for possessing narcotic drugs, are being sent to U. S. prisons, and that approximately one-third of the prisoners in the U. S. prisons are addicts so convicted; and

WHEREAS it is the opinion of many officials and others who have studied the subject that addicts thus convicted should be cared for in a separate institution: Be it

Resolved, By the Conference of Committees of World Conference on Narcotic Education, and the International Narcotic Education Association, that the Government should erect a National Narcotic Sanitarium, to which addicts convicted in our Federal courts shall be sent for cure or isolation; and be it further

Resolved, That Congress at its next session should create a committee with authority to make an official survey of the narcotic situation in the United States, with instructions to bring in a bill providing for the proposed National Narcotic Sanitarium, and propose such other relief as may be necessary.

The foregoing resolution is in harmony with recommendations that have been twice made by Warden John W. Snook, of the Atlanta U. S. prison, to the United States Attorney General, and supported by Warden White of the Leavenworth U. S. prison. It is similar to a resolution offered by Judge Martin J. Wade, of the U. S. District Court, Davenport,

Iowa, at the World Conference on Narcotic Education held at Philadelphia in July, 1926.

Letters approving the foregoing proposition have been received from Mayor James J. Walker, of New York; Henry Ford, of Detroit; Billy Sunday, the evangelist; Clarence Darrow, attorney, of Chicago; Bishop James E. Freeman, of Washington; Mr. W. R. Hopkins, city manager of Cleveland, Ohio; Governor J. H. White, of Nevada; Mayor George A. Hoverter, of Harrisburgh, Pa.; Dr. William C. Sandy, of the Pennsylvania Department of Welfare; Congressmen Clyde Kelly of Pennsylvania, and Mooney of Ohio, and many others.

The Conference resolved itself into a committee of the whole, and after consideration, paragraph by paragraph, and after discussions and motions duly made and seconded, Article III, Sections 6 to 17, inclusive, were adopted with amendments.

Upon a motion put by President Hobson, and seconded by Dr. J. A. Craig, it was voted that the draft of the law as amended by the Conference, be referred to the Governing Board of the Conference, with instructions to submit same to the American Medical Association, the American Bar Association, medical, educational and other organizations and associations as it may deem expedient for help in perfecting the law, and to finally submit it to the Governors of States, there to be requested by them to be laid before Commissioners on Uniform Laws, and Legislatures of the several States.

Paper prepared by DR. T. B. BRADFORD.

When the public at large are informed as to any question that needs reformation on a need to be accomplished, it is soon done. A very potent force in failure of any object to be desired, is the lack of PUBLICITY. Therefore, the first thing that appeals to me in getting results in lessening, reducing and finally obliterating the curse of NARCOTIC ADDICTION is a saturation of the public that there are many addicts. You may ask many eminent physicians and they will answer evasively or that the evil is over-rated as to numbers. Go to gentlemen of the "cloth" and they have no real basis for saying that it exists to any degree that would justify the array of the formidable names appearing on the letter-heads of the WORLD CONFERENCE OF NARCOTIC EDUCATION.

However, those of us who have given the subject real thought well know that it is taking and has taken an altogether too great percent of good boys and girls, men and women. The thought, therefore, is to convince others that it has. I am, therefore, going direct to the hard-headed business world and away from sentimentally inclined individuals. The World Conference on Narcotic Education needs money to carry on the most important business of the eradication of this stupendous evil, therefore, statistics ought to be gotten, and given to the MOST POWERFUL AGENCY in the world, that these statistics may sink into the source where they will bring results—I refer to THE PRESS.

I do not scatter any useless bouquets when I believe that we have connected with newspaper men those who have the interest of the highest purposes of GOVERNMENT. More good has been accomplished through the power of the American Press than has been done in any other method. If I had at my disposal much wealth, and I wanted to accomplish a lasting good for ALL THE PEOPLE, I would unstintingly

hand to the editorial writers of the American Press a sufficient amount of money to compensate them for their time and energy and do it for a sufficient length of time that it would soak into the minds of the readers. The average American reads. In fact, he is an avoracious reader. The PRESS cannot afford to champion every cause—righteous cause, give its time and talent unless there is sufficient compensation. I say, therefore, the way to reach the public about the NARCOTIC EVIL, is to get the matter into the newspapers.

I would not decry personal work—in fact, personal work with a newspaper man at every effort of personality—I am sure that there should be strong advocates in every populous community making speeches and showing films, these efforts being featured by the same class of reporters who so effectually do the work for organized athletics, big business or war propaganda. The evils attached to narcotic addiction is but waging a war on human activities which will eventually undermine many of the flowers of the human race.

I know men who get the greatest "kick" out of talking to intelligent audiences telling how the "DEMON FLOWER" creeps in and robs unawares the loved one—makes criminals ere one is conscious of the seductive power of this powerful SATAN. May I close by urging the World Conference on Narcotic Education to ally itself with the most powerful body for doing work on the American continent—THE PRESS.

Resolution introduced by MAJOR S. W. BREWSTER. *Resolved,* That the World Conference on Narcotic Education has taken note of the resolution of the Eighth Assembly of the League of Nations thanking the Persian Government for its action in proposing to the Medjless a program for the reduction of opium cultivation and recommending to all countries concerned with the production of manufacture of dangerous drugs and their raw material the enactment of legislation similar to that now proposed by the Government of Persia or such equivalent action as will ensure the necessary reduction of raw material and the manufacture of drugs.

Resolved further, That the Chairman of the Conference be requested to convey to the Persian Government, through the Persian Minister in Washington, its congratulations on the advanced stand taken by the Government of Persia in its cooperation in the world effort for the control of the traffic in narcotics. *Resolution adopted unanimously.*

COLONEL D. W. MACCORMACK: I think if the above resolution is conveyed to the Persian Government, it will give encouragement to the Persians who are working for the reduction law.

Remarks by HONORABLE ALEJANDRO BOLLINI.

Mr. Chairman, Ladies and Gentlemen: I am very happy to be with you today, representing His Excellency, the Ambassador of Argentina. The Government of my country is in full sympathy with your program of education, and your fight against the drug evil, and our representatives are willing and eager to cooperate with you in every way possible, in waging warfare against this terrible evil—Narcotic Drug Addiction.

Paper prepared by MRS. W. A. CARLTON, 212 Cooper Street, Camden, N. J.

NOTE: The paper "The Truth Shall Make Them Free," prepared by Mrs. Carlton, is a long resume of numerous contacts made during her associations with students traveling abroad. In response to many requests from these students, Mrs. Carleton is having the paper printed privately, and copies may be had from her, upon request, at the above address.

Address by Dr. W. A. Squires.

Mr. Chairman, Ladies and Gentlemen: Our age appreciates the importance of education as no age ever has appreciated it before. We have made elementary education almost universal in our country. The enrollment in our high schools has increased enormously during the past few years. Colleges and universities now number their students by thousands where a few years ago they numbered them by hundreds. At least one great State university is making plans to accommodate 25,000 students within a few years. We are spending more money on education than any nation ever spent on it before. These facts are all convincing evidence that the American people have a deep and abiding faith in the potency of education.

This confidence in the power of education is in part due to our predominantly Protestant heritage. The Reformation was an educational movement as well as a religious movement. The Reformers sought education for the masses. It is likewise in part due to our democratic form of government. A democracy is dependent for its existence upon the intelligence of its citizens. There are, however, other reasons for our confidence in education. The historical causes named are fundamental, but other causes have contributed toward the special interest in education which is so clearly manifest in our nation today. We have come to see that, in so far as business and the professions are concerned, education is necessary to efficiency, and efficiency bulks large in the consciousness of the average American. For those who are more interested in life itself than they are in the mere accompaniments of life, education is equally important. It is the means whereby the larger and more abundant life are attained. Perhaps our confidence in education is likewise due to some comparatively recent and outstanding demonstrations of its power. We have seen education at work re-making the civilization of countries like Japan. The Germans have said, "Put into the curriculum of the schools that which you would put into the life of the nation"; and they have demonstrated the proof of their theory. The women of America put temperance instruction into the public schools and forty years later the boys and girls who had received this instruction put the saloons out of business.

It is, therefore, natural that in the great moral struggle against the drug evil we should turn to education. This is a conflict in which it is hardly too much to say that there is no hope for victory except in education. Certainly there is no hope for success in any plans which leave education out of account. Therefore, the Narcotic Education Movement stands as the chief defender of American childhood and youth from an evil so vast in its ramifications and so subtle in its approach that few indeed have been able to visualize it as it is.

It would seem to me that education has a two-fold task in this matter. In the first place, we ought to bring information and warning to those who

are in immediate danger of becoming the victims of habit-forming drugs. While this danger is doubtless widespread and is apt to exist in places where we suspect it least, there are certain communities and sections of society where it is more common than it is in other places. Children and youth, and their parents and guardians in these danger places should be thoroughly instructed as to the perils which lurk in the illicit sale of habit-forming drugs. Like other great evils of our day, this evil flourishes most in the congested centers of our population, and it is there that our sharpest attack upon it should be centered.

There is, however, a second and larger aspect of this educational task. This attempt to thwart the illicit seller of drugs at the point of his operations by forewarning his victims is not enough. It will not of itself win the battle. The situation demands a nation-wide crusade. We must reach multitudes of people, who, in all probability, lie far beyond any likelihood of sustaining immediate and personal injury from the sale of heroin and cocaine. The great masses of people who are neither people of the underworld, nor are they people of the decadent "upper crust" of American life; the middle class people, must be made to feel that this is their concern. Unless we reach these middle classes it will be harder to secure proper legislation and harder still to secure the enforcement of laws when they have been passed.

The task before us is so large that it is necessary for us to lay hold upon every educational agency we can lay hold on. The four great educational agencies in our country are the home, the school, the community and the church. It is my conviction that the educational campaign of this organization ought to have four departments corresponding to these four primary educational agencies in our American life. We ought to be at work in the homes of the nation. We ought to put narcotic instruction into every public school of the land. We ought to encourage and produce community activities which aid this great cause, and we ought to throttle those which are antagonistic to it. I presume that these three phases of our task will be considered in other papers presented at this gathering. It is my task to consider with you the fourth of these educational agencies and the part which it should take in the winning of our objectives.

There are particular reasons why the educational office of the Church ought not to be omitted from our program. In that first phase of our task, the safe-guarding of the individual from drug addiction, religion is indispensable to any large success. It has been demonstrated again and again that mere information is not enough when the drug temptation comes to youth. If there be nothing else, many will say, "I will try it once"; many will yield to curiosity, to the social pressure of the group, to the persuasions of the drug vendor. There must be something besides the proper information. There must be ideals. There must be deep convictions as to right and wrong. There must be altruistic emotions as well as egotistic considerations. There must be independence and devotion to principle rather than mere conformity to the sanctions of the group. These character traits which are essential to a sure victory over the drug temptation are most certainly secured when religion is an integral part of education. The churches, because they are the expressions of organized religion, can supply an educational element which our public schools cannot

give; and that element we must not delete from our program if we expect a worth-while result.

I spoke of a second phase of our task; the phase which has to do with the building up of public sentiment, the enactment of laws; the enforcement of statutes. I said that a moral crusade was necessary if we are to wipe out the drug evil from our midst. In this second phase of our task, religious education is quite as essential as it is in the first. Such a crusade is impossible without a profound altruism. People must be led to care for other people's children. Men must be brought to realize that they are their brothers' keepers. A materialistic civilization must be shaken out of its materialism and made to see spiritual values. A mere sense of social solidarity will not suffice for a task like that before us; the idea of a personal and over-ruling God must enter in. The new crusader, like the crusader of long ago, must be made to cry out "God wills it! God Wills it"! This great moral reform, this great purification of our nation, which we have in view, must be tied to religion if it is to be dynamic and progressive and ultimately victorious.

What I have been saying is not mere theory; it is no more apologetic for the Church and religion. I have sought to emphasize the place of the Church and the importance of religious education in our enterprise because I am convinced that they must have a place in our plans if we are to succeed. I think you will agree that this conviction has strong historical evidence for its support. Herbert Hoover feared to attack the task of food conservation until he had behind him the moral support of the Churches. I have suggested that temperance instruction in public schools had a good deal to do with the triumph of prohibition, but I would not have you understand that I believe this public school teaching to be the only cause for the said result. Tens of thousands of Church schools had temperance lessons four times a year. The sanctions of religion were thrown behind the drive for prohibition. Protestant America was almost unanimously for it in the end. It was made the subject of innumerable sermons and addresses, the object of private and public prayer. Religious people came to feel that God willed the banishment of the saloon. The irreligionist and the atheist were for the most part the defenders of the liquor traffic. It is the same in this drug business. If we can arouse the conscience of religious America, our task will be accomplished right speedily.

The educational program of the Church is sometimes criticised severely. In a way this criticism is deserved. The time allowed for religious instruction is almost hopelessly meager. Church school teachers are as a rule untrained. Church school buildings are poorly fitted to the uses for which they were constructed. The enrollment in Church schools is far below public school standards and the same may be said for attendance, punctuality and other items of Church school administration.

Nevertheless, it would be a serious mistake to conclude on the basis of these criticisms that the Church schools are too insignificant to be worth considering in an enterprise such as this organization has in view. With all their defects, the schools of the Church are still among the most potent influences in our national life. It has been estimated that approximately 87 percent of the additions to the Protestant Churches come out of the Sunday Schools. These schools are, therefore, by far, the most important recruiting agencies of Protestant denominations. Without

these schools the Church, in so far as its Protestant branches are concerned, would decline in membership and influence.

Nor is the much-criticized Sunday School an unimportant factor in the character-building enterprises of the nation. Many judges of juvenile courts have borne testimony to the fact that juvenile delinquents are almost wholly confined to children and youth who are not enrolled in any school of religious education. Poor as Sunday School teaching often is, it nevertheless serves to safeguard a high percentage of its pupils from serious lapses from moral standards. What these schools accomplish under severe handicaps serves to indicate what they might accomplish were they put on a more efficient basis.

We must not forget that we are in a period of religious educational revival and that the schools of the Church are putting on new strength. Sunday School teaching is being improved through leadership training, the creation of better courses of study and the provision of better housing and equipment. Moreover, new educational agencies of the Church are being organized. Vacation Church schools have already enrolled thousands of children and have more than doubled the educational program carried on by the Sunday School. Week-day schools of religious education are now being operated in nearly 2,000 communities. These schools cooperate with the public schools, the pupils being "released" from public school duties at stated times in order that they may receive religious instruction in the Churches. Scores of communities are now reaching practically all their children through these week-day Church schools. New courses of study are being built for these new agencies. Teachers are being paid for their services. The whole program of religious education is being shifted to a larger and better foundation. The time is doubtless coming within the near future when religious education will be as universal and as efficient as public school education in our land.

I should like to see an adequate amount of material on narcotic education going into these new programs for the Church school. This could be introduced in such a way as not to disrupt the general educational program of the Church. Indeed, I am quite sure that it could be introduced in such a way as to enrich that program. This new element need not be negative in its nature. Struggle against habit-forming drugs is not a negative enterprise; it is a positive enterprise and even the children of the Church school may be brought to feel enthusiasm for it. In the higher grades of the Church school and in its adult classes what problem is more worthy of study than this problem of freeing our nation and after that the world from one of the greatest blights that have ever afflicted the human race? What situation demands more of the gospel light than the international problems growing out of the opium trade, for example? What problem is more important than the problem of safeguarding our children and youth from the ravages of cocaine, heroin and nicotine? Here is a wide field for the application of Christian principles of brotherhood and purity. It should certainly be a matter of concern to the Church school to help secure its right solution.

The inclusion of narcotic education in the educational program of the Church would be in line with efforts which are now being made to put Church school teaching on a better pedagogical basis. We are coming to see that the mere imparting of information is not enough, even though that information be a matter of such weighty importance as the general

system of Biblical truth. Religious education must consist in something more than the imparting of information about religion. It must deal with life problems. Drug addiction is an outstanding problem of modern civilization. Religious education must have a place for activities, for worthy projects. What project is more worth-while than this task of freeing mankind from the drug curse? As the Church school comes to deal with matters like the drug evil, it will, therefore, find for itself better methods of teaching, for there is no efficient religious teaching which does not have within its program a place for noble striving.

NOTE: Dr. Squires' organization has prepared a series of twelve text books called Westminster Texts. One book, of about four hundred pages, of the series, "God Revealing His Truth," contains thirty-five to forty pages on Narcotic Education, written along the lines used in "Narcotic Peril."

Remarks by MISS IDA LILLIAN PAGE.

Mr. Chairman: It has been a pleasure to attend this Conference from the beginning to the end, because as a new worker in this department, I came as a student to acquire all the information possible.

We were very glad last year to cooperate with you in arranging programs for Narcotic Education Week, and in the new "plans" going out for 1928, we are recommending again to our women to plan for the last week in February. We give an outline for programs and would be delighted to recommend the address given here by Dr. J. A. Craig—"The Gospel of Pain," because it contains information which our women need and which they should be passing on to others.

We are seeking the truth about drug addiction because our aim is to keep the youth of America free from the narcotic habit, by teaching the harmful effects of drugs.

Remarks by MRS. B. C. WOOSTER.

Mr. Chairman, Ladies and Gentlemen: It has been a pleasure to be with you during these conferences, and I bring you greetings from the members of the New Jersey State Federation of Women's Clubs. I desire also to pledge the fullest cooperation of our organization, with the World Conference on Narcotic Education.

PRESIDENT HOBSON: I wish to convey a message from the Governing Board, that the members of the Board are deeply sensible of the earnest patient, concentrated efforts of the members of the Conference, as hour after hour they have labored and brought forth what we believe will prove of universal service to mankind, and we request that they convey to those whom they represent, in advance, what the Board expects to convey to them in due course, our appreciation of their appointment.

Resolution introduced by PRESIDENT HOBSON: *Resolved,* That the Conference of Committees feels under special obligation to the Department of Corrections of the City of New York, for the eminent and invaluable services of its Chief Medical Officer, its Chief of Identification, its Chief Warden and Mrs. Brewster, and its Secretary, and requests the Governing Board to convey to the Commissioner of Correction, expressions of the Conference's gratitude and appreciation. *Resolution unanimously adopted.*

Resolution introduced by PRESIDENT HOBSON: *Resolved,* That the Conference of Committees of the World Conference on Narcotic Education and the International Narcotic Education Association hereby conveys

to the Daily Press of New York City, and to the Press Association with headquarters in New York, profound thanks and appreciation for the unstinted cooperation in the comprehensive news reports of the Conference and for the Editorial cognizance extended to the organizations. The Conference of Committees recognizes the Press as the foremost agency in disseminating the truth as to the Narcotic problem and in creating a public sentiment pledged to the eradication of the evil. *Resolution unanimously adopted.*

Resolution introduced by RABBI SILVERMAN: *Resolved,* That the Conference of Committees extend a vote of thanks to Captain Hobson. President Hobson offered an amendment that such a vote include Dr. C. J. Owens, the Director General, Miss Eleanor Callahan, Mr. and Mrs. Lewis D. Sampson of the New York office; Clarence J. Owens, Jr., Assistant Secretary General, and Miss Clarice Lewis, Secretary, of the Washington office. *The motion was put by Dr. Anderson and unanimously adopted.*

Remarks by CAPTAIN RICHMOND P. HOBSON.

To you, my friends, I don't know what to say, except that from the time the gavel fell, every moment to me has been an inspiration. You have been coming here hour after hour, every day, like a busy session in the Senate. Our associations have been very human, very touching—something that will not pass. Your inspiration to me is going to endure—I shall always feel to each one of you a sense of personal gratitude, bound up with real friendship. You have enriched my life and may we all go forward now to make ourselves increasingly available for God to use us in this service for mankind. It is eminently fitting that as we opened our sessions recognizing the King's business, we should now close the Conference by invoking Divine benediction.

Benediction by DR. J. ELLIOT ROSS.

The First Annual Conference of Committees adjourned at 5:40 *p. m. to be followed by the second meeting in New York City, in* 1928.

Respectfully submitted,

CLARENCE J. OWENS, JR.,
Secretary, Conference of Committees.

CERTIFICATE OF INCORPORATION

OF

WORLD NARCOTIC DEFENSE ASSOCIATION, INC.

Pursuant to the Membership Corporation Law

WE, THE UNDERSIGNED, desiring to form a corporation pursuant to the provisions of the Membership Corporation Law, do make, subscribe, acknowledge and file this certificate.

First: the name of the corporation is

WORLD NARCOTIC DEFENSE ASSOCIATION, INC.

Second: The purpose or purposes for which it is formed are as follows: To help and defend people and society against narcotic drug addiction and to help society in acquiring and maintaining immunity from this universal social menace. The same to be voluntary and for no pecuniary profit.

Third: The territory in which its operations are principally to be conducted is New York City, America, and elsewhere.

Fourth: Its office is to be located at 45th Street and Madison Avenue in the Borough of Manhattan, City, County and State of New York.

Fifth: The number of its directors is to be five.

Sixth: the names and residences of the directors until the first annual meeting are as follows:

NAME	ADDRESS
Richmond P. Hobson	4315½ West Second Street, Los Angeles, Calif.
Clarence J. Owens	Hotel Roosevelt, New York City.
Frederick A. Allen	Pelham, New York.
William E. Holloway	2320 University Avenue, New York City.
Dr. John M. O'Connor	20 West 50th Street, New York City.

Seventh: All of the subscribers of this certificate are of full age; at least two-thirds of them are citizens of the United States, and at least one of them is a resident of the State of New York. Of the persons named as directors, at least one is a citizen of the United States and a resident of the State of New York.

IN WITNESS WHEREOF, we have made, signed and acknowledged this certificate in duplicate, this 31st day of October, in the year 1927.

(Signed) RICHMOND P. HOBSON L.S.
FREDERICK H. ALLEN L.S.
CLARENCE J. OWENS L.S.
WM. E. HOLLOWAY L.S.
JOHN M. O'CONNOR, M. D. L.S.

DRAFT OF
UNIFORM STATE NARCOTIC DEFENSE LAW

Prepared by Conference of Committees of the World Narcotic Defense Association at their Annual Meeting, at the Hotel Roosevelt, New York City, November 3-6, 1927.

NOTE: The Governing Board of the Conference of Committees is authorized to make changes before the final copy is submitted to the Governors of states for transmission to legislatures. Criticisms are requested of the bill as a whole, its sections and parts thereof, whether of approval or disapproval, with amendments.

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Draft of AN ACT, to Protect the people of (State) against the menace of narcotic drug addiction, to safeguard and regulate the legitimate use of and traffic in habit forming narcotic drugs, to suppress the illegitimate use of and traffic in the same, to isolate and rehabilitate narcotic drug addicts, to check the spread of narcotic drug addiction, and for other purposes.

The people of (State) do enact as follows:

ARTICLE I—DRUG CONTROL

SECTION *1. Short Title.* This act shall be known as the (State) Narcotic Defense Act.

SECTION *2. Definitions as used in this Act*:

1. "Person" includes any corporation, association, copartnership or one or more individuals.
2. "Physician" means a licensed practitioner of medicine as defined by law.
3. "Apothecary" means a licensed pharmacist or druggist as defined by law.
4. "Dentist" means a licensed practitioner of dentistry as defined by law.
5. "Veterinarian" means a licensed practitioner of veterinary medicine as defined by law.
6. "Nurse" means a registered practitioner of nursing as defined by law.
7. "Medicine" means a drug or preparation of drugs in suitable form for use as remedial or curative substance.
8. "Sale" includes barter, exchange or giving away, or offering therefor and each such transaction made by any person whether as principal, proprietor, agent, servant or employee.
9. "Dispense" includes distribute, leave with, give away, dispose of, and deliver to a person or to his agent to be delivered to him.
10. "Administer" means only administration by a person authorized to administer habit forming narcotic drugs.
11. "Coca leaves" includes coca leaves, cocaine, or any compound, manufacture, sale, derivative or preparation thereof, including alpha or beta eucaine, or any of their salts or any synthetic substitute of any of them, identical in chemical composition, but shall not include decocanized coca leaves, or preparations made therefrom or other preparations of coca leaves which do not contain cocaine.
12. "Opium" (includes opium, morphine, codeine, diacetyl-morphine, heroin) or any compound, manufacture, salt, derivative or preparation of any of them or any synthetic substitute of any of them identical in chemical composition, but not apomorphine and its salts.
13. "Cannabis indica" or "cannabis sativa" shall include any compound, manufacture, salt, derivative or preparation thereof and any synthetic substitute of any of them identical in chemical composition.
14. "Habit forming narcotic drugs" shall mean coca leaves, opium, cannabis indica or cannabis sativa.
15. "Manufacturer" means a person who by compounding, mixing, or other process of manufacture, produces or prepares habit forming narcotic drugs for sale on written orders and does not include an apothecary who compounds habit forming narcotic drugs to be sold or dispensed on prescription.
16. "Wholesaler" means a person who supplies habit forming narcotic drugs on written orders.
17. "Drug addiction." Any person shall be held to be a "drug addict" within the meaning of this act who habitually takes or otherwise uses opium, morphine, heroin, cocaine or other narcotic drug, except when such taking or use is lawfully prescribed by a physician to practice medicine and surgery in this state, in the course of his professional practice only.

SECTION 3. *Acts dangerous to the public health.* Any unauthorized possession, control over, sale, distribution, prescribing, administering or dispensing of habit forming narcotic drugs is hereby declared to be dangerous to the public health, and a menace to the public welfare.

SECTION 4. *Acts prohibited.* It shall be unlawful for any narcotic drug addict to possess or have under his control any habit forming narcotic drug except as lawfully prescribed by a physician for the treatment of his addiction; it shall be unlawful for any drug addict to sell, distribute, administer, dispense or prescribe any habit forming narcotic drug; and it shall be unlawful for any other person to possess, have under his control, sell, distribute, administer, dispense or prescribe any habit forming narcotic drug except as provided in this Article.

SECTION 5. *Sale on written orders.* 1. By whom and to whom sold. A manufacturer, wholesaler, or apothecary may sell or distribute habit forming narcotic drugs upon an order written upon legally prescribed forms to any of the following persons:

a. To a manufacturer, wholesaler or apothecary.
b. To a physician, dentist or veterinarian.
c. To a public or private hospital.
d. To a hospital or institution licensed for the treatment of drug addiction.
e. To a person in charge of a laboratory where habit forming narcotic drugs are used for scientific or medical research, but only for use in such laboratory.
f. To a person in the employ of the United States or of this state or of any political subdivision thereof purchasing or receiving the drug by reason of his official duties.
g. To a captain or proper officer of a ship upon which no regular physician is employed for the actual medical needs of the officers and crew when not in port.

Provided, however, that both parties to the transaction in each of the above cases are registered under the Federal Law if required by the same to be so registered.

2. Order blanks: A written order for the supply of any habit forming narcotic drug shall be signed in duplicate by the person giving it or by his duly authorized agent, one duplicate of which shall be presented to the person who sells or distributes such habit forming drugs and in the event of his acceptance of such order, each party shall preserve his duplicate of such order for a period of two years in such a way as to be readily accessible for inspection and it shall be subject to inspection by any public officer or employee engaged in the enforcement of this article. *Provided, however,* that it shall be deemed a compliance with this sub-section if the person giving the order shall have complied with the provisions of the Federal Narcotic Law, respecting the requirements governing order blanks under said Law.

3. Possession lawful: Possession of or control over habit forming narcotic drugs, obtained as provided in this section, shall be lawful only in the regular course of business, occupation, profession, employment, or duty of the possessor and only in an amount necessary therefor.

SECTION *6. Preparations, prescriptions and remedies exempted.* The provisions of this article shall not apply to:

1. Medical preparations containing cannabis indica or cannabis sativa when combined with other ingredients in medicinal doses;

2. Preparations, prescriptions and remedies which do not contain more than two grains of opium, or more than one-fourth of a grain of morphine, or more than one grain of codeine, or any salt or derivative of any of them, in one fluid ounce, or, if solid or semi-solid preparation, in one avoirdupois ounce; or to

3. Liniments, ointments, or other preparations which are prepared for external use only, except liniments, ointments, or other preparations which contain cocaine or any of its salts or alpha or beta eucaine or any of their salts or any synthetic substitute identical in chemical composition;
Provided that such remedies and preparations are sold, distributed, dispensed, or possessed as medicines by persons not drug addicts, and not for the purpose of evading the intentions and provisions of this Act.

SECTION *7. Professional use of habit forming narcotic drugs.* 1. Veterinarians. A Veterinarian may prescribe, administer or dispense habit forming narcotic drugs in good faith and in the course of his professional practice only, and not for use by a human being.

2. Dentists. A dentist, in good faith and in the course of his professional practice only, may administer or dispense habit forming narcotic drugs to patients under his immediate treatment.

3. Physicians. A physician in good faith and in the course of his professional practice only, may prescribe, administer, or dispense habit forming narcotic drugs to patients under his immediate treatment.

4. Nurses. A nurse, in good faith and in the course of her professional practice only, and acting under the direction or supervision of a physician, may possess and administer habit forming narcotic drugs. Any unused habit forming narcotic drugs left by a physician with a nurse to be administered during his absence, upon discharge of the nurse must be returned to the physician.

5. It shall be unlawful for any practitioner of medicine, dentistry or veterinary medicine to administer to himself as a habitual user or furnish to or prescribe for the use of any other habitual user of the same, or of anyone representing himself as such, any cocaine, opium, morphine, codeine, heroin, or chloral hydrate, or any salt, derivative or compound of the foregoing substances or their salts, derivatives or compounds; and it shall also be unlawful for any practitioner of medicine or dentistry to prescribe or give any of the foregoing substances for himself or any person not under his treatment in the regular practice of his profession, or for any veterinary surgeon to prescribe or furnish any of the foregoing substances for the use of himself or any other human being; *provided, however,* that the provisions of this section shall not be construed to prevent any duly licensed physician from furnishing or prescribing in good faith as his physician by him employed as such, to or for any habitual user of any narcotic drugs who is under his professional care, such substances as he may deem necessary for his treatment, when such prescriptions are not given or substances furnished for the purpose of evading the purposes of this act; *provided further,* that such licensed physician

shall report in writing, over his signature, by registered mail, to the office of the State Board of Health, within twenty-four hours after the first treatment, each and every habitual user of such narcotic drugs as are enumerated in this section, whom he or she has taken, in good faith, under his or her professional care, for the cure of such habit, such report to contain the date, name and address of such patient, and the name and quantity of the narcotic or narcotics prescribed in such treatment.

SECTION *8. Prescriptions.* Any apothecary may sell or dispense habit forming narcotic drugs to any individual upon a written prescription of a physician, dentist or veterinarian, dated and signed on the day when issued and bearing full name and address of the person for whom, or the owner of the animal for which the drug is dispensed and the name, address and registry number of the practitioner under the Federal law if he is required by it to be so registered. The person filling the prescription must write the date of filling and his own signature upon the face of the prescription, and the prescription must be retained on file by the apothecary filling it for two years so as to be readily accessible for inspection and it shall be subject to inspection by any public officer or employee engaged in the enforcement of this Act, except as exempted by Section six. The prescription shall not be refilled.

SECTION *9. Record to be kept.* Physicians, dentists, veterinarians. 1. Every physician, dentist and veterinarian shall keep a record of all habit forming narcotic drugs administered or dispensed by him showing the amount administered or dispensed, except such as may be administered or dispensed to a patient upon whom he shall personally attend.
2. Manufacturers and wholesalers. Manufacturers and wholesalers shall keep a record of the habit forming narcotic drugs received and disposed of by them.
3. Exempted preparations, prescriptions and remedies. Every manufacturer of exempted preparations, prescriptions and remedies shall keep a record of the amount of habit forming narcotic drugs received and of all sales of exempted preparations, prescriptions and remedies and every dealer therein shall keep a record of all sales of exempted preparations, prescriptions and remedies.
4. Form and preservation. Every such record shall be kept for a period of two years from the date of the transaction recorded. All records required by this section shall be readily accessible for inspection and shall be open to inspection by the proper authorities. A record required by or under the Federal Narcotic Law containing substantially the same information shall be held to be a compliance with this section.
SECTION *10. Labels* Whenever an apothecary pursuant to a legally written prescription shall sell or dispense habit forming narcotic drugs or whenever a physician, dentist or veterinarian shall dispense any of such narcotic drugs, he shall securely affix to the container of such narcotic drug a label stating in legible English the name and address of the physician, dentist or veterinarian prescribing or dispensing and of the apothecary dispensing the date and the name and address of the person for whom or the owner of the animal for which the narcotic drug is dispensed, and it shall carry a label showing the designation required for poisons.

SECTION *11. Authorized possession of narcotic drugs by individual.* A person to whom or for whose use any habit forming narcotic drug has

been lawfully sold or dispensed by an apothecary, physician or dentist or the owner of an animal for which any such drug has been prescribed or dispensed by a veterinarian, may lawfully possess it in the container delivered to him by the person selling or dispensing same.

SECTION *12. Physical examination required.* A physician, dentist or veterinarian shall not administer, dispense or prescribe any habit forming narcotic drug except after a physical examination of the person for whom or the animal for which the drug is intended.

SECTION *13. Instruments for injection of habit forming narcotic drugs.* No person except a manufacturer or a wholesale or retail dealer in surgical instruments, apothecary, physician, dentist, veterinarian, nurse or interne shall at any time have or possess a hypodermic syringe or needle or any instrument or implement adapted for the use of habit forming narcotic drugs by subcutaneous injections and which is possessed for the purpose of administering habit forming narcotic drugs unless such possession be authorized by the certificate of a physician issued within the period of one year prior thereto.

SECTION *14. Exemption from restrictions.* 1. Common carriers, employees, public officers. The provisions of this article restricting the possessing or having under control of habit forming narcotic drugs shall not apply to common carriers or warehousemen or their employees engaged in lawful transportation or storage of such narcotic drugs nor to public officers or employees while engaged in the performance of their official duties, nor to temporary incidental possession by employees or agents of persons lawfully entitled to possession, or by persons whose possession is for the purpose of aiding public officers in the performance of their official duties.
2. Interstate commerce. This article shall not apply to acts done, or to habit forming narcotic drugs legally possessed in the course of interstate or foreign commerce.

SECTION *15. Drugs to be destroyed.* All drugs which have been seized and judicially determined to have been unlawfully possessed or the title to which has ceased and which have come into the hands of a peace officer shall, upon the direction of a court or magistrate, be destroyed unless otherwise destroyed according to law. A record shall be kept of the drugs so destroyed.

SECTION *16. Notice of conviction of professional men sent to licensing authority.* 1. On conviction of any physician, dentist, veterinarian, nurse or apothecary for wilful violation of any of the provisions of this Act, a copy of the sentence and of the opinion of the court or magistrate if any be filed, shall be sent by the clerk of the court or by the magistrate to the department, board or officer having power to suspend or revoke the license or registration of the person convicted, for proper action by said department, board or officer.
2. At the request of such department, board or officer, the clerk or magistrate shall send to such department, board or officer a transcript of the record or of the proceedings in a court not of record and such portion of the evidence as may be requested.

SECTION *17. Fraud or deceit.* Any fraud, deceit, misrepresentation, subterfuge, concealment of a material fact or the use of a false name or the giving of a false address in obtaining treatment in the course of which

habit forming narcotic drugs shall be prescribed or dispensed or in obtaining any supply of such narcotic drugs shall constitute a violation of the provisions of this Act and shall not be deemed a privilege communication. The wilful making of any false statement in any prescription, order, report or record required under this Act shall constitute a violation of this Act. No person shall for the purpose of obtaining any habit forming narcotic drug falsely assume the title or represent himself to be a manufacturer, wholesaler, apothecary, physician, dentist, veterinarian, or make or utter any false or forged order or prescription for or label for a container of or for habit forming narcotic drugs, or affix such label, or alter, deface or remove any such label.

SECTION *18. Abatement of nuisance.* Any building, place or tenement which is resorted to by habitual users of narcotic drugs for the purpose of using such drugs or which is used for the illegal keeping or sale of the same, shall be deemed a common nuisance. Whoever keeps or maintains such a common nuisance shall be punished by imprisonment for not less than three months nor more than two years.

ARTICLE II
NARCOTIC ISOLATION AND REHABILITATION

SECTION *1. State Narcotic Hospital.* The State Board of Health with the approval of the Governor is hereby authorized and directed to provide on the grounds of an existing state institution or other property owned or acquired by the state, not a penal institution, nor a hospital for insane, nor any institution for mental defectives, an institutional unit to be used for the isolation and rehabilitation of narcotic users, which said unit shall be known as the State Narcotic Hospital, and shall be administered as provided by law.

SECTION *2. Commitment of Narcotic Drug Addicts.* Whenever it appears by affidavit to the satisfaction of a magistrate of a county or city and county that any person not charged with crime, or where there is no evidence of a previous commission of crime after due investigation by the court, is a narcotic drug addict within the meaning of this Act, he must issue and deliver to some peace officer for service, a warrant directing that such person be arrested and taken before a judge of the circuit court for a hearing and examination on such charge. Such officer must thereupon arrest and detain such person until a hearing and examination can be had, after finger prints have been taken of such person and sent through proper channels for investigation and report. At the time of the arrest a copy of said affidavit and warrant of arrest must be personally delivered to said person. Such affidavit and warrant of arrest must be substantially in the form provided for the arrest of a person charged with insanity. The person charged must be taken before a judge of the circuit, or other proper court, to whom said affidavit, record and warrant of arrest must be delivered to be filed with the clerk. The judge must then inform him of his rights to make a defense to such charge and produce any witnesses in relation thereto. The judge must by order fix such time and place for the hearing and examination in open court as will give a reasonable opportunity for the production and examination of witnesses. Such order must be entered in the minutes of the court by the clerk and a certified copy of the same served on such person. The judge may also order that

such notice of the arrest of such person and the hearing of the charge be served on such relatives of said person as the court may deem necessary or proper. The judge may cause witnesses to be summoned and examined before him, and after a hearing and examination, if he believes the person charged is a narcotic drug addict, the court must make an order that such person be confined in the State Narcotic Hospital, or to any accredited institution chosen by the patient or his relatives or guardian in case of first commitment for an indeterminate period of not less than eight months nor more than two years, and in subsequent commitments, such longer periods as the Superintendent of this Hospital, with the approval of the President, or director, of the State Board of Health may prescribe; *provided that* the Judge in all cases shall seek to establish the cause or causes primary and contributary, and the circumstances surrounding the contraction of the addiction, and shall report same to the State Board of Health and to the Attorney General.

SECTION *3. Private support in certain cases.* The court at the hearing must inquire into the financial condition of the person committed or the parent, guardian, or other person charged with the support of such person, if a minor, and if the court finds such person or persons able to do so in whole or in part, a further order must be made requiring him or them to pay, to the extent the judge may consider just, the expenses of the proceedings in connection with the commitment of such person, the expenses of the delivery thereof to the State Narcotic Hospital, and to pay to the said hospital at stated periods such sums as in the opinion of the court are proper during such time as the person committed may remain in the said hospital.

SECTION *4. Commitment in cases of juvenile deliquency.* Whenever a minor is brought before a juvenile court under the laws governing same, and it is found that said minor is a narcotic drug addict within the meaning of this Act, such minor shall be committed to the state narcotic hospital, there to be treated and held as provided in Article II, Section 2 of this Act.

SECTION *4-a. A narcotic drug addict who has been convicted of crime.* A narcotic drug addict within the meaning of this Act who after investigation is made as provided in Article II, Section 2, and found to have been convicted of crime, or misdemeanor involving moral turpitude, shall be committed to a penal institution for hospital treatment, for an indefinite period of not less than eight months nor more than two years, and in subsequent commitment such longer periods as the Court may prescribe, not to exceed five years. Any narcotic drug addict charged with crime, shall upon conviction, be sentenced and committed to a penal institution for hospitalization prior to, or concurrent with serving sentence, in the discretion of the court. Nothing in this section shall be construed to relieve any narcotic drug addict so committed from performing any labor or work which may be assigned him by the proper hospital or prison authorities.

SECTION *5. Parole and Discharge.* Any person committed under the provisions of this Article, except such persons as may have been committed under the provisions of Section 4-a, may be paroled or discharged after the expiration of eight months by the superintendent of the branch wherein such addict is confined, by and with the consent of the President or Director of the State Board of Health, under such terms and condi-

tions as they may establish, and in a first commitment must be discharged on the expiration of the maximun term of confinement.

SECTION *6. Voluntary Commitment.* The superintendent of any branch of the State Narcotic Hospital may accept as patients any persons voluntarily applying for treatment for narcotic drug addiction, and, if the voluntary applicant sign a statement that he or she is suffering from narcotic drug addiction and desires treatment in the same manner and subject to the same rules and restrictions as if committed by a court, may receive such person without formal commitment, with like effect as if formally committed, *provided, however,* that the finger prints have been taken and investigation made, subject to discharge, when sufficiently treated or for any other reason deemed adequate; *provided, however,* that such voluntary patient shall agree to and must remain in said institution for a period of not less than eight months and must pay for his care and treatment therein such amount as may be fixed by the President or Director of the State Board of Health.

SECTION *7. Expense of witnesses.* Witnesses at hearings for the commitment of narcotic drug addicts shall be entitled to receive the usual fees and expenses allowed by law in other cases in such courts; and any fees or traveling expenses payable to any witness in any proceeding for the commitment of a narcotic drug addict, and all expenses connected with the execution of any process under this Act, which may not be paid by the narcotic drug addict or his parent, guardian, or other person charged with his support if he be a minor, shall be paid by the county treasurer of the county in which such person resides.

SECTION *8. Duties of sheriffs.* It shall be the duty of the sheriff of any county wherein an order is made by any court committing any person under this Act, or of any other person designated by the said court, to execute the writ of commitment, and to receive as compensation therefor such fees as are now or may hereafter be provided by law for the transportation of prisoners to the state prison, and payable in the same manner; *provided,* that in all cases the parent, guardian or other person charged with the support of such person, being a minor, may, at his option, with the approval of the court, and in all cases where he is able or the estate of such person is sufficient, shall, if the said court approve, without expense to the county or state, execute said writ, after being duly sworn therefor, with like effect and with like powers as the sheriff would have; but no female person committed shall be taken to the said hospital by any male person not her husband, father, brother or son, without the attendance of some woman of good character and mature age, chosen for the purpose by the court, which woman shall, if the court see fit, be paid therefor such reasonable remuneration as the court may allow.

SECTION *9. Support during commitment.* For each person committed under this Act there shall be paid by the county or city and county *of which he is a bona fide resident,* to the state treasurer, to the credit of the general fund of the state the sum of twenty-five dollars ($25) monthly for and during each month or part of month such person so committed remains an inmate of the institution, in case the payments herein provided to be made by the person committed, or by his parent, guardian, or other person charged with his support, he being a minor, should not be made, and to

the extent they are not made, not exceeding twenty-five dollars ($25) per month.

SECTION *10. Accounting and settlement.* Each county auditor must include in his State settlement report rendered to the comptroller in the months of May and December the amount due by reason of commitmnt under this Act, and the county treasurer, at the time of the settlement with the state in such months, must pay to the state treasurer upon the order of the comptroller, the amounts found to be due by reason of the commitments herein referred to.

SECTION *11. Transfer from hospitals for insane.* Within thirty days after the buildings herein provided for are prepared to accommodate them, the State Board of Health, shall transfer to said hospital all persons then inmates of any state hospital for the insane who have been theretofore committed to such state hospital for the insane because or on account of drug addiction; *provided, however,* they are not mentally deranged. The expense of such transfer is chargeable to the State and the bills for same, when approved by the State Board of Health, must be paid by the treasurer of state on the warrant of the comptroller, out of any moneys provided for the care and maintenance of drug addicts; *provided,* that the liability of any estate, person or county for the care, support and maintenance of any person thus transferred, shall be the same as it was to the institution from which the transfer is made.

SECTION *12. Bringing in narcotic drugs, intoxicating liquors, fire arms, weapons or explosives.* Any person not authorized by law, who brings into the said hospital or within the grounds thereof, any opium, morphine, cocaine, heroin, or other drug, or any intoxicating liquor, or any firearms, weapons or explosives of any kind, shall upon conviction for the first offense, be punished by imprisonment for not less than six years or more than ten years, and for each subsequent offense, not less than ten years nor more than fifteen years.

SECTION *13. Escape of inmates and improper charges.* Any person who procures the escape of any inmate of the said hospital, or advises, connives at, aids, or assists in such escape, or conceals any such inmate after such escape, or who shall knowingly contrive to have any person charged a narcotic drug addict under this Act unlawfully or improperly, shall be punished upon conviction for the first offense by imprisonment for not less than six months nor more than two years, and for the second and subsequent offenses, by imprisonment, not less than five years, nor more than ten years.

ARTICLE III
NARCOTIC DRUG ADDICTION PREVENTION

SECTION *1. Acts dangerous to the public safety.* Any unauthorized causing or continuing or aiding in the causing or in the continuing of narcotic drug addiction in one's self or in any other person, is declared to be dangerous to the public safety and a menace to the public welfare.

SECTION *2. Acts prohibited.* It shall be unlawful for any person, directly or indirectly, to cause himself or any other person to become a narcotic drug addict, or to contribute to the same or to continue or main-

tain narcotic drug addiction in himself or in any other person, or to contribute to the same except as provided in this Act.

SECTION *3*. *Authorized addiction.* For the alleviation of pain and suffering in extreme cases, the State Board of Health may authorize prescribing, sale and professional use of habit forming narcotic drugs to the extent of causing or continuing addiction, provided that such authorization shall be in writing on a form of certificate prepared by the Board and shall be issued only after due investigation in each case, stating the name and address of the person treated and the name and address of the physician authorized to prescribe for and treat such person, and a copy of the certificate shall be delivered to the Attorney General.

SECTION *4*. *Registration of addicts.* The State Board of Health under regulations which it is authorized to prescribe, shall make and keep for its own use and the use of duly authorized officers, a registration containing the names, addresses, finger prints and other record, and health and narcotic status and history of all narcotic drug addicts and of all persons who have been narcotic drug addicts within the borders of the state, and shall investigate and record as part of this registration, the causes and circumstances surrounding the beginning of addiction in each case. A copy of such registration and corrections of same shall be supplied the Attorney General.

SECTION *5*. *Penalties for licensed persons.* Any person authorized by law to manufacture, sell, prescribe or use professionally habit forming norcotic drugs, who, having no authorization from the State Board of Health as provided in Section 3, causes or knowingly contributes to the causing of narcotic drug addiction in any person, upon conviction shall have his license or authorization to practice professionally or to manufacture or sell narcotic drugs, suspended for a period of not less than two years nor more than five years, and for the second and subsequent offenses, in addition to the foregoing punishment, shall be liable for the cost of treatment and rehabilitation of such addict. In case unauthorized addiction is caused in a minor, the person convicted shall have his license or authorization to practice professionally or to manufacture or sell narcotic drugs, permanently revoked, and shall be punished by imprisonment for a period of five years.

SECTION *6*. *Penalties for unlicensed persons.* Any person not authorized by law to manufacture, sell, prescribe or use professionally habit forming narcotic drugs, who causes or conspires to cause or knowingly contributes to the causing of narcotic drug addiction in any person upon conviction shall be punished by imprisonment for a period of not less than five years nor more than ten years for the first offense, and not less than ten years nor more than fifteen years for the second and subsequent offenses. In case such addiction is caused in a minor, the person convicted shall be punished for the first offense by imprisonment for life. Provided that in case of imprisonment the offender after release shall be under parole to a duly authorized person named by the court for a period equal to the period of confinement. If parole is broken by either disobedience of the rules or against trafficking in drugs he shall be returned to serve the balance of the term without further litigation.

SECTION *7*. *Use of minors in narcotic drug traffic.* Any person who hires, employes or uses or who knowingly contributes to the hiring, em-

ploying or using of any minor in unlawfully transporting, carrying, selling, preparing for sale, peddling, or using any opium, morphine, cocaine, heroin or other habit forming narcotic drug, upon conviction shall be punished by imprisonment for life. Provided that in case of imprisonment the offender after release shall be under parole to a duly authorized person named by the court for a period equal to the period of confinement. If parole is broken by either disobedience of the rules or against trafficking in drugs he shall be returned to serve the balance of the term without further litigation.

SECTION *8. Narcotic Education.* Narcotic Education shall be incorporated in all appropriate parts of the education system of the state, including the public schools and educational institutions, including those connected with state reformatory institutions, maintained wholly or in part by moneys received from the state.

SECTION *9. Duties of the State Superintendent.* The state superintendent of public instruction shall cause oral instruction to be given in the dangers of narcotic drug poisons and the consequences of narcotic drug addiction to pupils unable to read, and for those able to read, he shall cause text books on physiology, hygiene, sanitation, chemistry, biology, psychology, sociology, history, philosophy and other appropriate subjects in schools and in educational institutions, including those connected with state reformatory institutions, maintained wholly or in part by moneys received from the state, to contain as far as practicable appropriate material in Narcotic Education. For the sixth, seventh and eighth grades and High school he shall cause a prescribed number of periods per week for one-half of the school year to be given to Narcotic Education, through the above specified subjects. He shall require proficiency in Narcotic Education to be essential to the issuing of teachers' licenses and may require teachers to certify to having given adequate instruction in Narcotic Education before receiving their pay. He shall require proficiency in the subjects of Narcotic Education taught in any grade to be essential to the advancement of the pupil to a higher grade and shall cause Narcotic Education to be assigned credits on a parity with other essential subjects.

SECTION *10. Penalties not specified.* Any person who violates a provision of this Act for which no penalty is specified, upon conviction shall be punished by a fine of not less than fifty dollars ($50) nor more than two thousand dollars ($2,000) or by imprisonment for not less than two months nor more than two years, or by both fine and imprisonment.

SECTION *11. Enforcement.* This article shall be enforced by the judicial and police authorities of the state and of the political subdivisions thereof engaged in the enforcement of the law. Such authorities and their agents shall have access at all times to all orders, prescriptions or records to be kept under this article.

SECTION *12. Seizure of vehicles and containers.* Any motor vehicle or vehicle drawn by animals, or any container, that is being used for transporting narcotic drugs, which have been manufactured, sold, purchased, delivered or received in violation of the laws of the United States or of this Act, may be seized by any peace officer in any county in which such shipment originates or through which it passes or in the county in which it is to be delivered; said vehicle and the contents therein so seized shall

be taken to a magistrate who shall serve notice on the owner thereof of such seizure and of the time set for a hearing thereon which shall be not less than five days nor more than fifteen days, after said seizure. On the magistrate finding that such vehicle has been used in the illegal transportation of narcotic drugs he shall order the vehicle forfeited, and direct a peace officer in charge thereof to sell the vehicle so seized as chattels under the execution and apply the money to the payment of the costs of the action and any other monies remaining shall go into the school fund of the county. *Provided, however,* that any person owning such vehicle may file a claim for such vehicle setting out under oath that he did not know, and that by the exercise of due diligence he could not have known, that the vehicle was to be used for any such purpose.

SECTION *13. Possession of federal certificate to be evidence of intent.* The possession by any person of a federal certificate issued under and by virtue of federal law shall be prima facie evidence of an intent to sell, furnish, give or deliver a narcotic drug.

SECTION *14. Exceptions and exemptions not required to be negatived.* In any complaint, information, indictment, or other writ or in any action of proceeding brought for the enforcement of any of the provisions of this Act, it shall not be necessary to negative an exception or exemption, and the burden of offering proof of any such exception or exemption shall be upon the defendant.

SECTION *15. Validity.* The invalidity of any part of this Act shall not be construed to affect the validity of any other part capable of having practical operation and effect without the invalid part.

SECTION *16. Repeal of conflicting acts.* All acts or parts of acts conflicting with the provisions of this Act are hereby repealed.

SECTION *17. Immediate effect.* This act shall take effect immediately.

COMMENTS ON NARCOTIC DEFENSE LAW

BASIC FACTS

Philosophy—History

The human race is consuming every year many thousands of tons of poisonous narcotic drugs, not one per cent of which is necessary for strictly medicinal purposes. Nearly all of this great quantity is consumed by addicts who number in the world scores of millions—who are abject slaves—who consider getting their drug supply as the supreme consideration, in many cases as a matter of life and death.

The production and distribution of these drugs constitute a profitable traffic of vast proportions extending to all corners of the earth. In the Orient, the chief home of the sleep poppy whose seed capsules produce opium, the governments, for the revenue profits, encourage and often subsidize production and control distribution. In the Occident, where chemical science is turned to concentrating the poison of opium into morphine and turning this into a still more powerful poison narcotic, heroin, laws and regulations loosely enacted for repression drive most of the addiction traffic to cover where it flourishes in the dark in spite of the agents of the law.

The motive and urge that constantly drive the traffic on are the enormous profits, the jobber and retailer between them often realizing more than a thousand per cent profit. Add to this the lure for the armies of impoverished addicts of getting the drug for themselves through recruiting and supplying new addicts.

The profits are so great because the poor addict, under the awful depression and torture of withdrawal symptoms, feels he must have the drug no matter what the cost or the consequence, whether he has to spend his last dollar, whether he has to steal to get the money, whether he has to rob or even commit murder.

The bulk of this vast horde are "hooked" into addiction because of their ignorance, never dreaming what the consequences are to be when they take the first "shot" or first "sniff."

The sleep poppy, the source of opium, is a native plant in Asia and southeastern Europe. Frequent notices of its use for poisoning are found in ancient and medieval records. Opium smoking was devised by the Dutch in Java in the eighteenth century, first mixed with tobacco, then used alone. From Java, it was taken to Formosa, and thence to the mainland of China.

Portuguese traders first developed the importation of opium into China. They were succeeded by the East India Co. with a monopoly of the traffic of India. The amount shipped from India into China rose as high as 10,000,000 pounds in the year 1858. In 1906 the production in China itself was estimated at 44,000,000 pounds, importations from India that year being over 7,000,000 pounds. At that date estimates place the number of addicts in China at 27 per cent of the adult male population.

In 1803, a French chemist discovered how to produce morphine from opium, and a half century later an Austrian chemist discovered how to produce cocaine from coca leaves.

These concentrated drugs used generally in medicine, ten times as powerful as opium, swiftly produced addiction in all lands, at first as a by-product of medical practice, later through exploitation as well.

In 1898 a German chemist discovered how to produce heroin from morphine, between three and four times as powerful as morphine. With the spread of heroin, the narcotic menace has developed into a pressing world peril.

Toxicology—Biology—Physiology—Psychology

The principal narcotics that have defied legal control and are now scourging humanity, namely: Opium, morphine, cocaine, heroin, belong to the general class of organic, alkaloid poisons. They concentrate their attack upon the nervous system, producing in toxic doses, delirium, coma, convulsions.

Narcotics are soluble in fat, so they penetrate the fatty sheathing that protects the brain from most harmful substances in the blood current, and in this way the poison comes quickly in contact with the delicate, highly organized gray matter.

In the same way these poisons attack the delicate, carefully protected organs of reproduction, impairing the sexual powers of the male, causing the female addict to become sterile, and undermining the germ plasm by

virtue of which the species renews its life from generation to generation.

The narcotic poison penetrating the upper brain naturally inflicts the deepest and swiftest injury upon the parts that are the tenderest, the most complex and unstable, which are developed latest in human evolutionary progress and distinguish the man from the brute.

The transformation in character is swift in the young, and swifter with cocaine and heroin than with the other narcotics. In an incredibly short time, a youth of either sex "hooked" with the "snow gang" loses the results of good heredity and of careful home training. Self-respect, honor, obedience, ambition, truthfulness melt away. Virtue and morality disintegrate. The question of securing the drug supply becomes absolutely dominant. To get this supply the addict will not only advocate public policies against the public welfare but will lie, steal, rob, and if necessary, commit murder. Thus we can understand how intimately addiction is connected causatively with crime.

In addition to the general antisocial traits of all addicts, the heroin addict has two special characteristics. First, for a period after taking the drug he experiences an "exaltation of the ego", looks upon himself as a hero. Bent upon getting money to buy his drug, he will dare anything, thinks he can accomplish anything. The daylight holdups, robberies, and murders committed by these young criminal heroin addicts eclipse in daring all the exploits of Jesse James and his gang. This can be said also of cocaine addicts.

Secondly, the heroin addict has a mania to bring everybody else into addiction. It may be said in general that all addicts have a desire for company and wish others to share with them the problem of securing the drug supply, but in the case of the heroin addict, it is an absolute mania for recruiting. He thinks, dreams, plots to bring all whom he contacts into addiction. All addiction tends to spread. Heroin addiction can be likened to a contagion.

Present Conditions

Morphine, cocaine, heroin are white powders, all soluble in water, all bitter to the taste. Morphine is usually put up in the form of tablets. Cocaine and heroin are called "snow", and in various localities by other names.

Heroin predominates now, especially in the eastern portion of the United States, so that "snow", "snow parties", etc., refer usually to heroin.

When luring girls into addiction the peddler often calls heroin "headache powder." With peddlers at large, using as they often do boys and girls to aid them, the safe precaution for a youth of either sex to take is to repulse instantly any suggestion to "take a shot", which means to take a hypodermic of morphine, to take "a sniff", or "a blow" of "snow", and to avoid all forms of white powder.

It is the custom to give away heroin free to the youth till he or she is "hooked." When you decline the first offer the boy or girl aiding the peddler will taunt you or challenge you and say "try anything once"! Alas! Once is once too often. The poison is so swift that the poor youth will seek the next party for relief, and the next. A "snow party" a day for a week will probably drag a youth into the bondage of addiction worse than death from which experience teaches there is no sure escape.

It is usually morphine given in illness by a careless physician or taken in patent medicines that brings addiction, with its train of sorrow, to parents in established homes. However, these make but a small percentage of the new addicts. Heroin, on the other hand, usually catches the boy and the girl between 16 and 20, or even younger, like the young bird before it has learned to fly, and the new homes are never built. These victims constitute the bulk of new recruits that are swelling the ranks of addiction and causing the crime wave with its new banditry.

In scientific circles because of their ghastly plight and almost hopeless outlook for permanent relief addicts are called "the living dead." The spread of addiction in any land must be regarded as the approach of the "living death" to that people. Left to run its course, the approach will be slow or swift according to the drug. Slow with opium, faster with morphine, galloping with heroin.

On account of secretiveness no one knows just how many heroin addicts there are in the country. We know it is an army. Serious estimates for the total number of addicts as reported in the 1918-19 survey of the Treasury Department range from 200,000 to 4,000,000.

The latest and most authoritative estimates are those relating to the City of New York, reported to the Philadelphia World Conference on Narcotic Education by the Commissioner of Correction, the Senior Medical Officer, the Warden and the Chief of Criminal Identification of that city. This survey shows 60% of all inmates of correctional institutions, involving cases of moral turpitude, as addicts or narcotic cases, and the official estimate for that city is placed at 200,000. Court records show that most of these addicts are heroin addicts of tender ages, in their teens or just out.

When it is remembered that heroin was only discovered in 1898 in central Germany and began to be exploited in America in 1910, it is evident that its expansion has been at an alarming rate in recent years. This is borne out by records of the Narcotics Division of the Treasury Department in their report of offenses against narcotic laws—the number in 1918 was 1,000; in 1919, 2,000; in 1921, over 4,000; and with steady and rapid increase had reached over 10,000 in 1925. A questionaire sent out by a special committee under the chairmanship of Hon. John W. Davis to correctional institutions and departments of justice, shows a similar alarming increase in the last few years.

The Chief of the Criminal Identification Bureau of New York reported at the Philadelphia World Conference that nearly all of the banditry, daring daylight robberies, holdups and crimes of violence in that city are being committed by addicts, especially heroin addicts and cocaine addicts, many of them very young. The Health Commissioner of Chicago has made a similar report from that city.

There are probably five times as many narcotic drug addicts in the world as there ever were slaves at any one time, and the bondage is far more adject and far more dangerous.

America is being assailed by opium with Asia as a base, by cocaine with South America as a base, by heroin and synthetic drugs with Europe as a base. An unscrupulous traffic within joins the traffic from without. This deadly narcotic drug warfare that from three sides and from the inside is striking at our citizens, our homes, our institutions, the very

germ plasm of our people, is more destructive and biologically more dangerous to our future than would be united military warfare against us from these three continents.

CONCLUSIONS

The right and duty of the state

The exploitation of the people by the traffic in the poisons known as habit forming narcotic drugs, is a serious and growing menace to their welfare and safety, threatening the very foundations of civilized society. It is the right of the people to protect themselves from this menace and it is the duty of the state to provide means for such protection.

Nature of the offenses

Causing narcotic drug addiction which is scientifically known as "the living death" constitutes a violent offense against the person and a serious blow at society and justifies for its prevention the exercise as far as required, of the full authority of the state and the application to the limit of the police power.

Control and regulation

Narcotic drugs have medical uses. Other uses are illegitimate and dangerous. The quantity of narcotic drugs used in medicine is but a small fraction of the quantity used illegitimately. Public regulation, while safeguarding medical uses, should seek as far as possible to suppress and eliminate illegitimate uses.

Isolation of addicts

Since narcotic drug addicts are antisocial when the question of getting their drugs is involved, and since they tend to bring others into addiction causing this disease to spread like contagion, only in authorized cases where the rights of society are specially protected, should addicts "on the drug" be allowed to remain at large. Providing for the isolation and rehabilitation of narcotic drug addicts is the right and the duty of the state.

Narcotic Education

Knowledge of the truth makes men free. Prevention through organized education is a wise and powerful recourse for meeting social ills. To receive the warning of Narcotic Education is the right of every citizen and to provide this is the duty of the state.

Supressing the causes

1. *Addiction through medical practice.* Continuing to prescribe narcotic drugs to the point of producing addiction in the patient is justified only in extreme cases and the authority to so administer should be limited strictly to licensed physicians and to special cases authorized by the State Health authority after careful investigation in each case.

2. *Addiction through self medication.* The use of proprietary or "patent medicines" or other self-medication to the extent of producing addiction is never justifiable and those who profit from the traffic in these medicines for whom exemptions are made for their legitimate purposes,

should be held to strict accountability when they cause narcotic drug addiction.

3. *Addiction through illicit traffic.* Unauthorized persons who profit by creating and supplying narcotic drug addicts, in their offense both to their victims and to society, are the deadliest enemies of the state and should be punished to whatever extent is required for the safety of the people.

STRUCTURE OF THE BILL

The bill is made up of three articles, designed respectively for narcotic drug control, for isolation and rehabilitation, and for prevention of narcotic drug addiction through the suppression of causes.

Article I—Drug Control—is drawn closely along the lines of the act just passed by the New York legislature, which was drawn by a special committee of the New York State Bar Association aided by experts and supported and urged by the Medical Society of the State of New York, the Magistrates Association of the State of New York, by the Narcotic Drug Control League of New York, by the State Superintendent of Police and various police commissioners, health commissioners, etc., and other officials of cities and by patriotic and religious organizations of the state in general.

Article II—Narcotic Isolation and Rehabilitation—is drawn closely along the lines of the law just enacted by the legislature of California creating a State Narcotic Hospital and providing for the commitment, treatment and discharge of narcotic drug addicts. This bill, together with regulatory bills were drawn after an extended investigation by a legislative committee appointed by the preceding legislature. This legislation may be regarded as the most uptodate in rehabilitation, as the New York legislation may be regarded as the most uptodate in narcotic drug control.

Article III—Narcotic Drug Addiction Prevention—undertakes to meet the new and most dangerous form of this social ill which has suddenly sprung forth from the exploitation of the new drug heroin. While recognizing the legitimate use of narcotic drugs in medical practice and in patent medicines, the bill is drawn to strike at the roots of the illegitimate creation of narcotic drug addiction. I told my boys that I would rather see the heroin drug peddler blow out their brains, than to "hook" them into "the living death" of narcotic drug addiction. This aspect of the narcotic drug problem is comparatively recent but it has become the over-shadowing aspect, from the swift spreading by multiplication of heroin addiction. Medical aspects are secondary compared to the criminal aspects through commercial exploitation of heroin. It is reasonable to assume that the medical profession and the manufacturers of narcotic drugs, both individually and through their various organizations, will be found in sympathy with this new legislation.

COMMENTS ON SECTIONS WITH AMENDMENTS MADE BY CONFERENCE ON COMMITTEES

(Amendments are in italics after comments)

ARTICLE 1—DRUG CONTROL

SECTION *1. Short title.* While the word "defense" does not enter the title of any article, yet all three articles combined in the bill constitute an organized balanced defense; hence the Short Title.

SECTION *2. Definitions.* These are the same as in the New York Act with minor changes. The definition of "addiction" or "drug addict," is added, and this definition is taken from the California Act.

SECTION *3. Acts dangerous to the public health.* Is the same as the New York Act.

SECTION *4. Acts Prohibited.* Is the same as the New York Act with the additional provision forbidding narcotic drug addicts to practice and traffic in habit forming narcotic drugs. This addition is important for drug addicts are notoriously unscrupulous in matters relating to narcotic drugs and drug addictions.

SECTION *5. Sale on written orders.* Is the same as the New York Act with slight additions to stiffen regulation. *Amendment*—* * * Prescriptions must be *written on legally prescribed forms,* etc.

SECTION *6. Preparation, prescriptions and remedies exempted.* Is the same as the New York Act with addition to bar narcotic drug addicts in harmony with Section 4. *Amendment*—(omit) *or more than one-eighth of a grain of heroin.*

SECTION *7. Professional use of habit forming narcotic drugs.* Is the same as the New York Act with the addition of paragraph 5, forbidding the sale or prescribing of narcotic drugs to addicts, which follows the lines of the California Act and is in harmony with federal and state laws in general.

SECTION *8. Prescriptions.* With slight addition to stiffen it, this article is the same as the New York Act.

SECTION *9. Record to be kept.* Paragraph 4. *Amendment*—* * * proper authority. *A record required by or under the Federal Narcotic Law containing substantially the same information shall be held to be a compliance with this section.*

SECTION *10. Labels. Amendments*—Whenever an apothecary pursuant to a *legally* written prescription, etc.

SECTION *11. Authorized possession of narcotic drugs by individuals.* SECTION *12. Physical examination required.* SECTION *13. Instruments for injection of habit forming narcotic drugs.* With slight additions to stiffen them, these are the same as the New York Act.

SECTION *14. Exemption from restrictions.* Paragraph 2. *Amendment*—* * * habit forming narcotic drugs *legally* possessed, etc.

SECTION *15. Drugs to be destroyed.* SECTION *16. Notice of conviction of professional men sent to licensing authority.* SECTION *17. Fraud or deceit.* With slight additions to stiffen them, are the same as the New York Act.

SECTION *18. Abatement of nuisance.* Is the same as the Massachusetts law. California and other states have similar provisions for abatement of nuisances, but in more elaborate language.

ARTICLE II

NARCOTIC ISOLATION AND REHABILITATION

SECTION *1. State Narcotic Hospital.* This is the same as the California Act, except that authority is lodged with the State Board of Health. *Amendment*—* * * acquired by the State, *not a penal institution, nor a hospital for insane, nor any institution for mental defectives,* etc.

SECTION *2. Commitment of Narcotic Drug Addicts.* Is the same as the California Act except that the jurisdiction is placed under the circuit court instead of the superior court. Additional provision is made in this article for longer commitments after the first commitment, in keeping with general experience. *Amendments*— * * * that any person *not charged with crime, or where there is no evidence of a previous commission of crime after due investigation by the court,* is a narcotic drug addict, etc. * * * examination can be had, *after finger prints have been taken of such person and sent through proper channels for investigation and report.* * * * judge or the circuit, *or other proper court,* to whom said affidavit, *record,* etc. * * * such relative of said person (omit) *known to be residing in the county, or city and county,* etc. * * * State Narcotic Hospital, *or to any accredited institution chosen by the patient or his relatives or guardians.* * * * approval of the President, *or director,* etc.

SECTION *3. Private support in certain cases.* The same as the California Act, except that where that Act simply declares a crime a "felony," this bill specifies the punishment. This is in harmony with most recent practice.

SECTION *4. Commitment in cases of juvenile delinquency.* Is the same as the California Act, which specifies that a juvenile delinquent, when found to be a drug addict, shall be placed, by the court, in the hands of a guardian. The Conference substituted the following: *Whenever a minor is brought before a juvenile court under the laws governing same, and it is found that said minor is a narcotic drug addict within the meaning of this Act, such minor shall be committed to the state narcotic hospital, there to be treated and held as provided in Article II, Section 2, of this Act.*

SECTION *4-a. A narcotic drug addict who has been convicted of crime.* Is the same as the California Act, except that where that Act simply declares a crime a "felony" this bill specifies the punishment. The California Act provides for the care of an addict charged with crime, pending court procedure, and prescribes the court procedure in case the person so charged with crime is found not to be an addict, with further provision for the confinement and discharge of a person so charged with crime, who is found to be a drug addict. This section was merged with section 4 in the preliminary form. The conference segregated the question of persons charged with crime and substituted the following: *A narcotic drug addict within the meaning of this Act who after investigation is made as provided in Article II, Section 2, and found to have been convicted of crime or misdemeanor involving moral turpitude, shall be com-*

mitted to a penal institution for hospital treatment, for an indefinite period of not less than eight months nor more than two years, and in subsequent commitment such longer periods as the Court may prescribe not to exceed five years. Any narcotic drug addict charged with crime, shall upon conviction, be sentenced and committed to a penal institution for hospitalization prior to, or concurrent with serving sentence, in the discretion of the court. Nothing in this section shall be construed to relieve any narcotic drug addict so committed from performing any labor or work which may be assigned him by the proper hospital or prison authorities.

SECTION *5. Parole and Discharge.* Is the same as the California law, with one amendment. * * * of the President, *or director* of the State state Board of Health, etc.

SECTION *6. Voluntary Commitment.* Is the same as the California law with one amendment. * * * formally committed, *provided, however, that the finger prints have been taken and investigation made,* subject to discharge, etc.

SECTION *7. Expense of witnesses.* Same as the California Act.

SECTION *8. Duties of sheriffs.* Same as the California Act.

SECTION *9. Support during commitment. 10. Accounting and settlement. 11. Transfer from hospital for insane* are the same as the California Act.

SECTION *12. Bringing in narcotic drugs, intoxicating liquors, fire arms, weapons or explosives.* The same as California Act, with following amendments—* * * or other (omit) *narcotic* drugs, etc. * * * intoxicating liquor (omit) *of any kind whatever except for medicinal or mechanical purposes,* or any firearms, etc. * * * imprisonment for not *less* than six years *nor more than ten years* and for each subsequent offense *not less than* ten years *nor more than fifteen years.*

SECTION *13. Escape of inmates and improper charges.* The same as California Act with following amendment—* * * by imprisonment for *not less than five years nor more than ten years.*

ARTICLE III—NARCOTIC DRUG ADDICTION PREVENTION

SECTION *1. Acts dangerous to the public safety. 2. Acts prohibited.* Are self explanatory in outlawing the causing of narcotic drug addiction.

SECTION *3. Authorized addiction.* Addiction is so serious an affliction from the standpoint of the individual and of society that creating it can never be justified except in extreme cases. The authority to decide should be vested in the State Board of Health and not in the physician in charge, and should be granted only after careful investigation in each case. Of course, the representative of the State Board of Health would confer freely with the physician in each case.

SECTION *4. Registration of addicts.* Since experience shows narcotic drug addiction is more communicable than leprosy and is intimately connected with crime, manifestly the state should require and should maintain a full and correct registration of addicts. This would be useful also to the Attorney General's office. Amendment—* * * names, addresses, *finger prints and other record,* and health, etc.

SECTION *5. Penalties for licensed persons.* Strikes at the careless prescribing of narcotic drugs by physicians and harmful exploitation of same by physicians ,apothecaries, manufacturers. Experience shows that severe penalties will be required for protection from unscrupulous licensed persons.

SECTION *6. Penalties for unlicensed persons.* Is aimed at the illicit traffic. The creation and exploitation of addicts for gain is a hideous offense, but the profits are enormous. Only very severe penalties can give society adequate protection. "Hooking" a minor in its results is more destructive than killing it; where repeated, the severest penalty should be inflicted. Amendment—* * * for a period of not less than 5 years nor more than *10* years for the first offense, and not less than *10* years nor more than 15 years for the second and subsequent offenses. In case such addiction is caused in a minor, the person convicted shall be punished for the first offense by *imprisonment for life. Provided, that in case of imprisonment the offender after release shall be under parole to a duly authorized person named by the court for a period equal to the period of confinement. If parole is broken by either disobedience of the rules or by trafficking in drugs he shall be returned to serve the balance of the term without further litigation.*

SECTION *7. Use of minors in narcotic drug traffic.* This section with its strong penalties is designed to break up the prevalent use of minors, particularly in "hooking" other minors. The Conference further strengthened the penalty by the following amendment: * * * by imprisonment *for life. Provided, that in case of imprisonment the offender after release shall be under parole to a duly authorized person named by the court for a period equal to the period of confinement. If parole is broken by either disobedience of the rules or by trafficking in drugs he shall be returned to serve the balance of the term without further litigation.*

SECTION *8. Narcotic Education, and 9—Duties of State Superintendents.* Provide for the carrying out of the principle in the Illinois, Michigan, and Oregon law. In the new and dangerous expansion of heroin addiction among the youth from sixteen to twenty, the success of the peddler is based on the ignorance of the victim and of the consequences of his first "sniff" of heroin or "shot" of morphine, frequently brought about by a challenge or dare to "try anything once." Knowledge of the consequences would make the approach of the peddler more repulsive than that of a rattlesnake, arousing the motive of self-preservation. It is not necessary to point out that education is the best foundation for wise legislation and effective enforcement of law and also for intelligent salvage and administration to the needs of the addict. The Conference made the following amendment in Section 9: * * * Narcotic Education. For the sixth, seventh and eighth grades *and high school* he shall cause *a prescribed number of periods* per week for one half of the school year to be given to Narcotic Education, *through the above specified subjects.*

SECTION *10. Penalties not specified.* Completes the scale of penalties.

SECTION *11. Enforcement.* Is lodged in judicial and police authorities of the state and political subdivisions of the same. This is the same wording as the New York Act.

SECTION *12. Seizure of vehicles and containers.* Is the same as the Iowa law, and experience shows that it would help in the enforcement of the law, providing for the seizure and forfeiture of vehicles and containers.

SECTION *13. Possession of Federal Certificate to be evidence of intent.* This is similar to the Massachusetts Law, declaring possession of federal certificate to be evidence of intent.

SECTION *14. Exceptions and exemptions not required to be negatived. 15. Validity. 16. Repeal of conflicting acts. 17. Immediate effect*—are useful and obvious.

FURTHER COMMENTS

The Committee on Law and Philosophy was a little afraid that the Conference might not be willing to stand for the severe penalties provided in the original draft, for those creating drug addiction by the illicit traffic. Instead, the Conference initiated and by unanimous vote, adopted amendments making the penalties even more severe. As adopted, the bill provides that the peddler, and those behind him, who create addiction in a minor, or employ a minor for creating addiction in others, are classed with murderers and are punished by life imprisonment.

Some division arose as to the extent of compulsory narcotic education in public schools, but the consensus of the Conference sustained the idea of the Committee on Law and Philosophy, which followed the advanced stand taken in the code of Illinois, Michigan and Oregon, in giving to this instruction the rank of a major subject with full time and credit and compulsory observance of teachers, under penalty.

Sharp division arose over the section regulating the possession of a hypodermic syringe, some maintaining that no restriction should be made since these instruments are used for other purposes, but the decision sustained the committee draft, and it was supported by all physicians present, with one exception, placing the possession under the control of physicians and requiring a renewable permit from such.

In the case of registration, a sharp division occurred also, over the requirement of finger prints in the identification of addicts, other than criminals, but the decision of the Conference sustained the requirement, as in harmony with the urgent appeal of members connected with the identification activities of New York City, and the Detroit Police Department.

In a very few cases only, were the decisions of the Conference made by close votes. In most cases, the free discussion ended by votes that were unanimous or nearly so.

The most constructive contributions were those made by the representatives of the Department of Corrections of New York City, and the Department of Police of Detroit, Michigan, from their wide experience with addicts.

Considerable discussion arose as to particular methods of treatment, notably the Narcosan treatment, but no vote was brought out, and no restrictions placed on the Medical Committee, under General Committee No. 2, to which all such matters are referred.

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Section K-5—For Press, Screen and Radio.
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Section K-7—For organizations.

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Section L-4—Foundations — Institutions.

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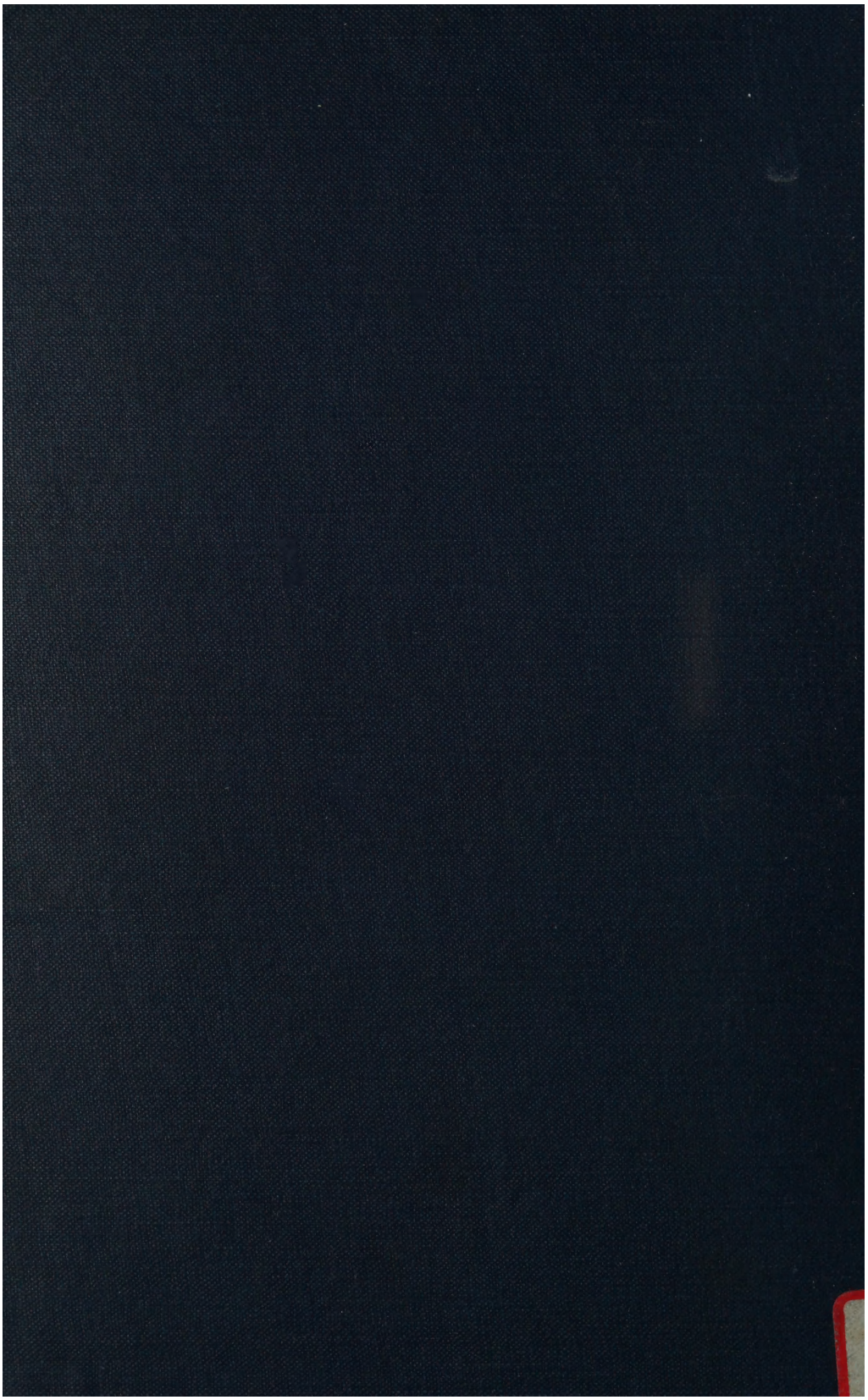
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